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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECEDAED 1956

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THE DIEL NO. P. LEWIS CO., LANSING

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9618MEDICAL EXAMINER'S CERTIFICATE OF DEATH VS. A15ME(5) 5M 9/55

09552

231 Reg. Dist. No.

	PLACE OF DEATH						2. USUAL RE						ence bef	ore admi	ission)
Prince Georges MARYLAND				o. STATE Dist. of Col. b. COUNTY											
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)											
	Avondale Transient				V	Washin	gton			4	7x	- 3			
(I. NAME OF HOSPI	TAL OR INSTITUTION	(If not in	hospital, give	e street oddr	ress)	d. STREET	ADDRESS				20.00			ESIDENCE A FARM?
	Queens Cl	napel Road	and	Russel	ll Ave	,		719 G	allat:	in St	. N.	W.] NO []
3.	NAME OF DECEASED		icst		Middle		Los	st	4. DATE		Month		Day		ear
	(Type or print)	Lester		M.		Be	avers		DEATH		pt.		30,	1	956
5. 5		6. COLOR OR RACI	7. MA	ARRIED N	EVER MARRI	IED B.	DATE OF BIRT			9. AGE (In	years (ay)	IF UNDER			ER 24 HRS.
	lale	white		OWED 🗌	DIVORCE	_ ;	9-24-37	•		19	yrs.	Months	Days	Hours	Min.
10a	. USUAL OCCUPATI	ON (Give kind of worling life, even if retired	done 10									12. CITI			COUNTRY?
	Laborer			Cons	struct	ion	Washi	ington	, D.C.	•			U.S	.A.	
13.	FATHER'S NAME						14. MOTHER'S								
		William T	heod	ore Be	avers			Mabel	To Ba	rbee					
	WAS DECEASED E	(If yes, give war or dates		16. SOCIAL S	SECURITY NO	O. 17. IN	FORMANT				Address				
				578-4	8-7875	W	ill _i am	Edward	Beav	ers.	Same	add	ress		
	18. CAUSE OF DEA	TH [Enter only one co	ouse per										INTER	VAL BETWI	EN
	PART I. DEA	PART I. DEATH WAS CAUSED BY: Hemorrhage and shock													
	DUE TO														
Conditions, if ony, which) (b) Fracture of skull, pelvis and ribs															
3	gove rise to immediate cause (O), stating the underlying DUE TO														
	couse lost. (c) Automobile accident														
NO	PART II. OT	HER SIGNIFICANT CO	NDITION	S CONTRIBUT	ING TO DEA	ATH BUT N	OT RELATED TO	THE TERMIN	NAL DISEASE	CONDITI	ON GIVE	N IN PAR	T 1(a) 1	P. WAS	AUTOPSY PRMED?
CERTIFICATION													,	res 🔲	но 🎦
RIFE	20a. EXTERNAL CA	USE WAS	Ob. DESC	CRIBE HOW IN	NJURY OCC	URRED. (E	nter noture of in	njury in Port	I or Port II	of item 1B.	.)	10000			
	CAUSE OF DEATH	, , , , , , , , , , , , , , , , , , ,	DI	river o	f aut	omobi	le in d	collis	ion wi	ith a	uti	lity	pol	8	
MEDICAL	20c. TIME OF INJU	9-30-56				20e. PLAC	E OF INJURY ((Home, form,	20f. (City	or fown)	1000	(Co	inty)		(Stote)
MED	9.00 ur 0.m.	7-70-70	,		ot while		Street	e bidg., eic.)		ndale	. P	r. Ge	0.	Md	
	21. I certify t	hot I took charg	e of th	ne remoins	describ	1		Autopsy			-				find that
	deoth resulted	from: Natural	couse	s \square , Ac	cident	Suic	ide 🗍 . H	Homicide			_		- bound		
	deoth resulted from: Natural couses, Accident, Suicide, Homicide, Undetermined cause														
SIGNATURE SIGNATURE M.D. CHIEF MEDICAL EXAMINER							AMINER [DATE S	IGNED		
	1	PARTIE .	1-16-1		1			ANT MEDICA	L EXAMINE	Ř 🗆					
Н	EXAMINER'S NAME (Type)	John T. Mal	onev	M.D.	1		DEPUTY	MEDICAL E	XAMINER 5	a	Sep	t.30.	19	56	
220	BURIAL, CREMATIC	ON, 226. DATE THERE				ETERY OR	CREMATORY		22d. LOCAT					(Stote	e)
	REMOVAL (Specify	Oct. 3	195	6 6	Orgo	Was	hingto			ce C			Olm		Md.
	FUNERAL DIRECTO		917.		DRESS	nas.	uring wo		BY REGIST			RAR'S SIC			1140
1	Deal Fun	eral Home	e In	ic . 48	12 G	a. A	ve. NC	MATE	5 10	DEG 7	11.	1	Hed	ric	lun

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VS A15 (4) 1SM 9/5S 3

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18								
	0571 CERTIFICATE OF DEATH	CERTIFICATE OF DEATH Reg. Dist. No. 1953							
1	1. PLACE OF DEATH o. COUNTY Prince George MARYLAND 2. USUAL RESIDENCE (Where o. STATE Maryland	deceased lived. If institution: Residence before admission) b. COUNTY Prince George							
1		de corporate limits, write RURAL and give nearest town)							
7	d. NAME OF HÖSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Prince George Hospital d. STREET ADDRESS 3717 - 42nd A	ve. e. IS RESIDENCE ON A FARM? YES NO X							
	3. NAME OF DECEASED (Type or print) GEORGIA K. BOWER	DATE Month Doy Yeor OF DEATH Sept. 23, 19 56							
	5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED Dec. 1, 1886	9. AGE (In years leading) 6 dest birthday) yrs. 9 Days Hours Min.							
1	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Own Home 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or for the control of the								
	Jacob Myers 14. MOTHER'S MAIDEN NAM Belle Tuell	NE .							
6	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO. 17. INFORMANT NO. 17. INFORMANT NO. 18. Was diverged for services None None Mrs Harry Bowe	r-3717 - 42nd. Ave.							
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Failure INTERVAL BETWEEN ONSET AND DEATH							
	Conditions, if any, which gove rise to immediate cosse (a), stating the under-	Heart Disease 1 year							
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port of United History) (F) ETHER, NOTIFY MEDICAL EXAMINER)	L DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED?							
	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 Ot work of twork of two twork of two twork of two twork of two	20f. (City or town) (County) (Stote)							
,		M, fram the causes and an the date stated above. DATE SIGNED DATE SIGNED							
	PHYSICIAN'S Samuel J. N. Sugar 2302 Queens Chapel I	Rd., Avondale, Md.							
	PEMOVAL (Specify)	d. LOCATION (City, town, or county) (State) Last Liverpoole Phio							
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D B								

	TATE OF DEATH		AT THE REAL PROPERTY.
ermse samme	braiva elle		trince George
	orir - Mana Ave.		ince George Hosping
Sept. 23,	H3E//08	7	PROBORD
SE 9 2 80	I vc. 1, 1880		e Line
8U	singuiv.	Own Home	lousevi e
	lea ele		610 14 (007)
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	OF THE SECOND	AZI E	
BUREAU V. S.	108:35 to 128:35		The second street of the selection of the com-
DECENATED	ucens neps vi.,		M. I leamed among

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VS A15 (4) 1SM 9/55 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9572 CERTIFICATE OF DEATH

Reg. Dist. No.

119554

	keg. bisi. 140.
1. PLACE OF DEATH 0. COUNTY	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
Prince George MARYLAND	Maryland Prince George
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cheverly 19 days	Hvattsville /3
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Prince George Beneral Hospital	6013 41st Avenue YES NO
3. NAME OF First Middle OF Corporation (Type or print) Jarrott Elmo B	Lost 4. DATE Month Day Year OF DEATH Sept. 19 19 56
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	2-13-1912 lost birthday) Months Days Hours Min.
10g. USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR INDUS	
Upholsterer during most of working life, even if retired) Upholsterer Automobile	South Carolina USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alfred G. Brogdon	Minnie Cain
	NFORMANT Address
(Yes, no, or unknown) (If yes, give wor or dates of service)	ospital records Cheverly, Md.
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO DUE TO	e Otreffy of Lin
cause (a), stating the <u>under-</u> DUE TO lying cause last. (c)	
CATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter noture of injury in Part I or Part II of item 18.)
ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. jt. Hour o. jt. p. m. 19 While Not while of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from 8-31	
alive an 9-18 12) and that death	accurred a 2, 45 A.M. from the causes and an the date stated above
	ADDRESS (Street, city or town, stotely DATE SIGNES
ACTUAL SIGNATURE Q PATS	MD. Hyothell, led 9-18-36
PHYSICIAN'S A. Det3 M. D	. Hyattsville, 199.
220. BURIAL, CREMATION, 226. DATE THEREOF 22. NAME OF CEMETERY OR	R CREMATORY 22d. LOCATION (City, town, or county) (State)
REMOVAL (Specify) Runical 9/21/56 Fort Lincol	In Cemetery Colmar anor. Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 DEC'D BY DEGISTRAP ON DEGISTRAP'S SIGNATURE
F. Gasch's Sons Hyattsville, Maryla	and. DATE SEP 24 56 Wheave

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (19556)
8 8	7	957 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 231
should b		o. COUNTY (Druce george) MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE Waryland b. COUNTY
Poge burial,	8	b. CITY OR TOWN (If outside corporate limbs, write RURAL ond give negrest town) And after negrest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limbs, write RURAL ond give negrest town)
Though 7	7	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 4. STREET ADDRESS ON A FARM? YES NO
ny dela uneral d yaur fil egistrar		3. NAME OF DECEASED (Type or print) William Henry Carrick DEATH Left 5 1956
in. It do the fund for the tr		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 9. AGE (In years law birthday) WIDOWED DIVORCED 9. AGE (In years law birthday) WIDOWED DIVORCED 9. AGE (In years law birthday) Windows Days Hours Min.
and 3 wind 2 wind 2 wind 2 wind 3 win	7	100. USUAL OCCUPATION (Give kind of work done of work done during host of working life, even if retired) Tarmy Tarmy Tarmy 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Wary 13. CITIZEN OF WHAT COUNTRY?
ages 1, 2, 3e 5 may pages 1 a		3. FATHER'S NAME Racharish Carrick 14. MOTHER'S MANDEN NAME UNKNOWN
File P	P	15. WAS DECPASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Ruth & Baswell services Ruth & Baswell service as No 2
permit.	1	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONSET AND DEATH
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n penc a burio		(a), stating the underlying DUE TO cause tast. (c)
ding" i	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DEATH
d 'pen aminer'		20c. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)
the war		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. 19 While Nat while at work at work at work 19 at work 19 Nat while at work 19 Nat while at work 19 Nat while 19 Nat work 19 Nat while 19 Nat work 19 Nat while 19 Nat work 19 Nat work 19 Nat work 19 Nat while 19 Nat work 19
writing hief Me OR: Pag		21. I certify that I taak charge of the remains described abave, held an Autopsy . Inspection . Inquiry , and find that death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause .
the Olkect	2	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
the conde		EXAMINER'S AMES T. BOY & DEPUTY MEDICAL EXAMINER & Supl 5, 1956
forw forw or re		22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county), (Stole) Brush 9-8-56 addison hape Em. deat bleasent Md.
S. A15ME(5) 5M 9/55	6	W. W. CHAMBERS, Washington, D. C. DATE 1 DATE 1 240. REGISTRAR SIGNATURE

BUREAU V. S. SEP 10 1888 BCEINE

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MARYLAND STATE DÉPARTMENT O	F
9575 CERTIFICATE O	F

(1900)

USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STAMaryland Prince CONTORES

HEALTH-BALTIMORE, 18

o COUNTY Prince George's MARYL	AND O. STAMaryland Prince Control
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale Md. 16 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greenbelt
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION Leland hospital	d. STREET ADDRESS 18 G Ridge Road e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3. NAME OF DECEASED (Type or print) James Joseph Cashman	1
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED MIDOWED DIVORCED	Feb 7, 1896 60 prindoy) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Post Office Department Retired 13. FATHER'S NAME Dennis Cashman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	New York 14. MOTHER'S MAIDEN NAME Katherine Moriarity 17. INFORMANT Address
(Yes, no, or unknown) If yes, give wor or dates of service) NONE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Anna K. Cashman Greenbelt, Maryland.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Occute Could H 20. / Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost. DUE TO Cardia Columnia Caudia	ssive Congestion + 5-6 4.
Covorary Occlusion . 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBED. (Enter noture of injury in Port I or Port II of item 1B.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. js. White Not while of work of work	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)
21. I certify that I attended the deceased fram alive on Sept 2	death accurred ab 125 M, from the causes and an the date stated above. ADDRESS (Street city or town, state) M.D. 30 B. Ridge Rd; M.D. 30 B. Ridge Rd;
220. BURIAL CREMATION, REMOVAL (Specify) Burial 22b. Date THEREOF 9/24/56 22c. NAME OF CEMET Ft. Linco	TERY OR CREMATORY In Cemetery 22d. LOCATION (City. town. or county) Colmar anor, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. RESTSTRAR'S SIGNATURE

Hyattsville, Maryland C DATE 105

VS A15 (4) 15M 9/55

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1	MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18	09558
* /	tem 20 FilmG205 ams 9567 CERTIFICA	ATE OF DEATH Reg	. Dist. No. 245
Page director	1. PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution decays as STATE b. COUNTY (1)	
funeral uld be f	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town? AND	c. CITY OR TOWN III suiside corporate timis, write RURAL	ond give hearest town)
of the part of the	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	906 Davis ave.	e. IS RESIDENCE ON A FARM? YES NO
illed in	3. NAME OF DECEASED (Type or print) Edith Florence Mary	. Cole 4. DATE Month Jehr	9 19.5 6
d within olerety f	S. SER 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH Feb 2 8 1885 9. AGE (In years lift UN lost birthdy) Mon yrs.	DER 1 YEAR IF UNDER 24 HRS. This Days Hours Min.
execute and complete death.	00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	otry 11. BIRTHPLACE (State or foreign country), 12	CITIZEN OF WHAT COUNTRY
ician ar	13. FATHER'S NAME Edwin Foster	14. MOTHER CHAIDEN NAME TO STEE	1
certific ng phys remov 72 hour	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. In IVes. no. of unknown) (If yes, give wor or dates of service)	ABCOLE 906 Davis	(wl
the death the attendi Then please rent within	18. CAUSE OF DEATH [Enter only one couse per line for (g), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	yelozefous Tenhenia	INTERVAL BETWEN
igned by I	Conditions, if any, which gave rise to immediate cose (o), stating the under-	e sie anoma.	
physician as been s ial-tronsit and!	Volume V	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
AN: Ti ending ficate h the Bur	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)	
PHYSIC al or ath his certi use os smotion	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. P. m. 19 of work at york	ACE OF NJURY (Home, form, 20f. (City or town) ctory, street, office bldg., etc.)	(County) (Stote)
DING hospite the After the formula, crial, crial, crial, crial,	21. I certify that I attended the deceased from 6 6 alive an 19.5 0, and that death	215-1	it I last saw the decease
A ATTER	ACTUAL DIAMA	ADDRESS (Street, city or town, stote) M.D. 7030 Carroll Carl	DATE SIGNE
retoing RAL P should	PHYSICIAN'S HOWARD T MUNSE.	Takama Parka me	<u> </u>
HOSP moy be FUNE poge 3 he regi	220. BURIAL, CREMATION, 220 DATE THEREOF 22c, NAME OF CEMEYERY OF REMOVAL (Specify) 200 11, 1950 200 HULL	R CREMATORY 2200 LOCATION (Gly, 10wn, or countermatory Wine Elegan	perty, (Stole) RL-
YS A1S (4) 1SM 9/SS	23-FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS AND WITH A SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 246 SEGISTRAR"	S SIGNATURE
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CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OR DEATH

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DECENAED.

VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18	09560
9577	CERTIFICATE	OF DEATH		Dia N

	301		CERTI	FICAL	E OF DEATE	1		Reg. Dist. No).	
1. PLACE OF DEATH- g. COUNTY	rince		GES MARY		USUAL RESIDENCE (Who a. STATE	ere deceased	ived. If institution b. COUNTY	n: Residence before RINCE	are admiss	
b. CITY OR TOWN RURAL and give i	(If outside corporate lim	its, write c.	LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If a	- 1 .	le limits, write RU	IRAL and give ne	arest town)
	Chever	14			L0	THI	AN		02	X - 2
d. NAME OF HOSP OR INSTITUTION		Econol &	dress)		d. STREET ADDRESS					IDENCE FARM?
3. NAME OF DECEASED (Type or print)	M	ARY	Middle	1	AVIS	4. DATE OF DEATH	Manti SE	h D	1.1	Year 19 5 C.
5. SEX	6. COLOR OR RACE	7. MARRIED	DIVORCE		3-20-20	9.		Manths Days	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATI during most af wo omest	rking life, even if retired	dane 10b. KIN	ND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (State of		nlry)	12. CITIZEN		COUNTRY
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN N				3-8-	
Arthur C	burtis				Sadie B e	1+				
	ER IN U. S. ARMED FOR		CIAL SECURITY NO	. 17. INFO		210	Addre	ess		
(10s, 110, or unknown)	(it yes, give wor or dates or	service		Raymo	ond Davis	Drum	r. Md.			
Conditions, if gove rise to cause (o), stating lying cause lost	the <u>under-</u>		hock:	secon E A	fibrinos paration RELATED TO THE TERMIN	hem DENE DIP NEDISEASE	min Placent	ta .	Sho Sho	DEATH HUIS HUIS
PART II. OT	AS UNDERLYING G CAUSE OF DEATH	20b. DESCRI	BE HOW INJURY O	CCURRED. (E	nter nature of injury in P	Port I or Part II	of item 18.)			NO 🗌
	Y MEDICAL EXAMINER)			las suras		Tarana a				
Y 20c. TIME OF INJU Hour o. n. p. m.		While at wark	Nat while at work	factory	OF INJURY (Home, farm, , street, office bldg., etc.	, 20f. (City o	r town)	(Caunty)		(State)
21. I certify t	hat I attended the	deceased		death ac	., 19, to	QM from	, 19	,that I last s	aw the	deceased
ACTUAL SIGNATURE PHYSICIAN'S NAME (Typo)	ouis H.	Mood Mood	ody &	M.D.	Chief Con	ADDRESS (Street	et, city or town, s	tote)		TE SIGNED
22a. BURIAL, CREMATH REMOVAL (Specify	19.18	-56 2	2c. NAME OF CEM	S C	EMETERY		ON (City, town, or	caunty)	(State	
23, FUNERAL DIRECTOR	R'S SIGNATURE THE	Les	ADDRESS	1820	240. REC'E	SEP 19		TRANS SIGNATE	RE	

CERTIFICATE OF DEATH

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

9568 CERTIFICATE OF DEATH

Reg. Dist. No. >31

09562

	1. PLACE OF DEATH O. COUNTY PRINCE GROVGES MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE MARY/ANCL b. COUNTY PRINCE Georges
)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PARK 5 VRS.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
3	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS 314 EIM AVE. TAKOMA PARK Md. ON A FARM? YES NO IN
	3. NAME OF DECEASED (Type or print) HORACE GIMORE]	DU/EV 4. DATE Sept. 13 Day Year 1956
-	MA12 White WIDOWED DIVORCED .	DATE OF BIRTH 7. AGE (In years lest birthday) 8. AGE (In years lest birthday) 8. Months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DECORATING	Rockville Med USA
	Edmond G. Duley	14. MOTHER'S MAIDEN NAME! ANNE MARIA L'YHON
	(Yes, no. o; unknown) (If yes, give war ar dates of service)	PRRY L. Duley-brother wash, DC
	gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> DUE TO (c)	Thrombosis fic CARDIOVASCULAr Disease
	CA	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 19
		(Enter nature of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. PLAC While Not while at work at work at work	E OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
	ACTUAL SIGNATURE DEAN HARANING M. PHYSICIAN'S NAME (Typo)	nccurred at 2 9. M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED D. 1/3 CAPBOLL ST NW 9/13/57 WASh 12, 50
	BENCH (Specify) 9-17-1956 WASH	NATL. SUITLAND MD
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 400 CA WHI CHAINBERS CA ATT A	1A PIAI 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55 0

23. FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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246. REGISTRAR'S SIGNATURE West West

24a. REC'D BY REGISTRAR

			9	619		CERTIF	ICA	E OF DEATH	1			ist. No.	31	13
1.	PLACE OF DE o. COUNTY		ce Geor	ges		MARYL	- 11	O. STATE D.C.	nere decease	ed lived. If institution b. COUNTY	an: Reside	nce befar	e odmissi	ion)
	RURAL and	give neare	est town) (RURAI			c. LENGTH OF STAY II		c. CITY OR TOWN (IF of Washington		orate limits, write R	URAL and	give nea	rest town)
	d. NAME OF OR INSTITU	HOSPITAL UTION_		tal, give		ddress) 19 days		d. STREET ADDRESS 435 - Que		N.W.				IDENCE FARM?
3.	NAME OF DECEASED (Type or print)	Ha	First	on	Middle M.		Edelen Lost	4. DATE OF DEATH	Mon	th	13		Year 1956
	sex Male		Negro	wi	DOWED			11/20/77		9. AGE (In years last birthday) 78 yrs.	Manths Manths	R 1 YEAR Days	Haurs	R 24 HRS Min.
	DISUAL OCC during most Postal FATHER'S NA	insp	life, even if re	wark dane etired)		ederal Gov	t.	11. BIRTHPLACE (State Maryland		country)		U.S.		COUNTR
	Georg	e Ede						Sarah Cha						
	WAS DECEAS 13, no. or unknown		N U. S. ARMED es, give war or dat		e}	ocial security no. None	17. INF	Decedent		Addr	ess			
		I. DEATH IM IM IS, if ony, to imm	WAS CAUSED MEDIATE CAU DL which ediate	BY: A	den	ocarcinoma stasis.	of s	igmoid with	gener	ralized		INTE ONS 17	RVAL BE ET AND MOT	TWEEN DEATH 1ths
CERTIFICATION	1) Po	II. OTHER		ercu	los	is; 2) Bil:	atera	T RELATED TO THE TERMI 1 gangrene (Enter nature of injury in l	of leg	s. 4 mont		RT 1(a) 15	PERFO	AUTOPSY RMED? NO
MEDICAL	20c. TIME OF		Month, Day,	/	White	JURY OCCURRED Not while of work	PLACI factor	OF INJURY (Home, farm y, street, affice bldg., etc.	, 20f. (Cit)	y or tawn)		(County)		(State)
	alive an_ ACTUAL SIGNATURE	9/1 Da	1 attended 3/56	the de	19	, and that o	death o	ccurred at 8:45	M, from	m the causes a treet, city or town,	nd an f	the dat	e state	deceased abave significant sig
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	REMOVAL !	Specify)	/11	1/56		Meust () i v			TION (City, town, o	ir county)	1	D. C	1)

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CALLIAL ON THE SOUND THE SOUND THE GOVERNMENT CONTINUE DE EXECUTED WITHIN 24 HOURS OFFICE DEGIN. TO	may be retained by the haspital ar attending physician.	D FUNERAL D TOR: After this certificate has been signed by the attending physician and campletely filled in b funeral dire	page 3 shauld te detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and terrould be filed	the constitute and the break of the constitute o

9566	CERTIFIC	ATE OF DEATH	Reg.	Dist. No. 24 J
1. PLACE OF DEATH O. COUNTY PRINCE GEO	nges MARYLAND	2. USUAL RESIDENCE (Where o. STATE	b. COUNTY	dence before admission) NCE Georges
b. CITY OR TOWN (If autside corporate limits, RURAL and give nearest tawn) MT 1/A1 NIER	write c. LENGTH OF STAY IN 1b	20-61	ide corporate limits, write RURAL a	nd give riedrest town)
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION 7710 36Th 51	e street address)	d. STREET ADDRESS 37/0 36Th		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Amel Se	njanin l	EquoFF 4	OF DEATH Sepi	28 1956
TVA-LO A	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH feb. 8, 1873	9. AGE (In years lost birthdoy) 3 yrs.	DER 1 YEAR IF UNDER 24 HRS. Doys Haurs Min.
10g, USUAL OCCUPATION (Give kind of wark do during most of working life even if retired)	no 10b. KIND OF BUSINESS OR INDI	ut Hashin	foreign country) glow & 0, 12.	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Eglo	ff	14. MOTHER'S MAIDEN NAM	a?	
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no. or unknown) Lift yes, give war or dates of serv		INFORMANT ne	atha LAddress L	gloff
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Brenchopn	eumonia		INTERVAL BETWEEN ONSET, AND DEATH Zdays
Canditians, if any, which gave rise to immediate cause (a), stating the <u>under-lying</u> cause last. (b)	Cenebras	Thnom bosis	s, maltiple	GMOS
PART 11. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TIONS <u>CONTRIBUTING</u> TO DEATH BU	T NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN IN F	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	0b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Part	t I ar Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour e. jr. p. m. 19	20d. INJURY OCCURRED 20e. P While Not while of work at work	LACE OF INJURY (Home, farm, actory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the dalive an Sept 28	, 1950, and that deat	ADI	M, fram the causes and ar DRESS (Street, city or town, state)	I last saw the deceased the date stated above. PATE SIGNED
PHYSICIAN'S NAME (Type)	DONAT Courer	M.D	VERNY ST UT MAINIENA	9/28/51
220. BURIAL, CREMATION, 220. DATE THEREOF	56 Forh Sh	OR CREMATORY 22	d. LOCATION (City, town, or count	ov. md.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS MAT	Raine 1345 RECID B	Y REGISTRAR 246 REGISTRAR'S	SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution-Residence before admission) PLACE OF DEATH a. COUNTY a. STATEC b. COUNTY b. CITY OR TOWN (If outside corps LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO NAME OF Middle DATE Month Year Day DECEASED (Type or print) DEATH 0 19-5 7. MARRIED NEVER MARRIED 1 8. DATE OF 9. AGÉ (In yours IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours WIDOWED [7] DIVORCED 10a. USUAL OCCUPATION (Give kind of work done Job. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) State or foreign country! 12. CITIZEN OF WHAT COUNTRY? ar FATHER'S NAME 14. MOTHER'S MAIDEN NAME poges Page 5 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES T NO P 20g. EXTERNAL CAUSE WAS PRIMARY | gr CONTRIBUTING | CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while a. m. at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection M Inquiry 14. and find that he Chief death resulted from: Natural causes Cote, Chi Accident Suicide . Homicide . Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER forwarded FUNERA DEPUTY EXAMINÉR'S NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d_LOCATION (City, town, (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRARIS SIGNATURE VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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ages 1, 2 ge 5 may pages 1 a			FATHER'S NAME William						Doris Nee					
F P P	ID		WAS DECEASED EN no, or unknown)	/ER IN U. S. /		service)	ocial security n		ormant nk R. Ford	, Same	Address as # 2			
arm 18. G arm PM3.			PART I. DEA	TH [Enter or TH WAS CAL IMMEDIATE	SED BY:		r (a), (b), ond (c). morrhage		shock			INT	ERVAL BETW SET AND DE	EEN ATH
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in per ice alor s a bur		z	(a), stoting the cause last.		(c).			ATH BUT N	OT RELATED TO THE TER/	MINAL DISEASI	E CONDITION GIV	EN IN PART I(a)	19. WAS	AUTOPSY
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ertificate K. Z. KEC I.	2		ACTUAL	m	er)	39	Son	1	_M.D. CHIEF MEDICAL I		• 		DATE S	SIGNED
orwarded FUNERA r remava		220	EXAMINER'S NAME (Type)	James ON, 226. DA		oyd M.	D.	ISTERY OR	DEPUTY MEDICAL	L EXAMINER		ptember	26, Stat	
To Far			REMOVAL (Specify	1 Sep	4.29	156	Loudan ADDRESS	Park	Cem.	73a	1400	STRAR'S SIGNATI	Vid.	-1
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s the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be	arde	UNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar private burial, crematian,	

PLACE OF DEATH o. COUNTY

Prince Georges

MARYLAND STATE DEPART 9589 MEDICAL EXAMINE

MARY

N J	CERTIFICA		DEAT	• •	Reg.	Dist. No	o	
	2. USUAL RESIDENCE	Where decea				dence be	fare adm	issian)
AND	o. STATE Mar	yland	b. C0	חאטכ	Pri	ace i	Geor	ges
l 1b	c. CITY OR TOWN	If autside cor	porate limits,	write				
	d. STREET ADDRESS							ESIDENCE
sp							YES [A FARM?
	lost reedman	4. DATE OF DEATH		Month 9-		Day		Year 1956
□ B.	DATE OF BIRTH		9. AGE (In ye		IFUNDE	R IYEAR	IF UND	ER 24 HRS.
	?		49 pirthday	yrs.	Months	Days	Haurs	Min.
DUSTR	Y 11. BIRTHPLACE (Stol	e or fareign o	country)		12. CI	TIZEN O	F WHAT	COUNTRY
	?					?		
	FORMANT Spital Reco	rds	Ac	ldress				
umo	nia						RVAL BETW ET AND DE	
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BUTNO	OT RELATED TO THE TERM	AINAL DISEAS	E CONDITION	V GIV	EN IN PA		9. WAS PERFO YES	AUTOPSY DRMED?
ED. (En	ter nature of injury in Po	ert I ar Part II	of item 18.)					
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PLAC	E OF INJURY (Hame, far ry, street, office bldg., et reet	m, 20f. (Cit)	ar town)	•		Les,	JE	(State)
abov	e, held an Autop	sy 🔲, I	nspection	X	Inqui	ry 🖸	, and	find that
Suic	ide 🔲, Homicid	e 🔲 , U	ndetermin	ed c	ause [].		

b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY II and give nearest town) 38.V.S Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince Georges General Ho NAME OF First Middle DECEASED (Type or print) James 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX WIDOWED [DIVORCED [Male colored Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR II during most of working life, even if retired) ? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Bronchopne IMMEDIATE CAUSE (a) DUE TO Canditians, if ony, which Fraeture d gave rise to immediate cause DUE TO (a), stating the underlying on cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20d. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURR Passenger in 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e 9-21---19 56 While Not while 21. I certify that I took charge of the remains described death resulted from: Natural causes . Accident ... ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 10-1-56 John T. Maloney. M.D. NAME (Type) DEPUTY MEDICAL EXAMINER 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 10/6/56 Woodlawn Cemetery Washington. D. C. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 901 3rd. St., S. W. 56 John T. Rhines. Co. DATE OCT 9 washington, D. C.

VS. A15ME(5) 5M 9/55

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should		1. [PLACE OF DEATH o. COUNTY D. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence to COUNTY D. COUNTY MARYLAND D. COUNTY D. COUN	
Page 4 burial,	M)	8	b. CITY OR TOWN [If outside corporate limits, write RURAL and give and give nearest town] MARYLAND MARYLAND MARYLAND Maryland Prince c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give	Georges
d b		5	Cheverly l hour Greenbelt	2,5
S n	77	9	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
file file		-	Prince Georges General Hospital 3-H Research Road	YES NO
de d		1	DECEASED	
fun fun reg		5. 5	Steven laurence Frissell September 17,	19 56 (R) IF UNDER 24 HRS.
the the		1	loal birthday) Months Days	
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1, 2 may		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
d hau		15	Harry J. Frissell Was DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
Page oge		Yes	s. no, or unknown	
ithin 3. Sive	1 9		Mazie H. Douglas, 911 F.Street, N.E	
P. S. W. I.			Or Carlotte Control of the Car	TERVAL BETWEEN
am 18	/		IMMEDIATE CAUSE (6) Cerebral compression	
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will in			Canditians, if any, which gave rise to immediate cause	
uld ang urio			(a), stoting the underlying DUETO	
sha e a a a b			couse last. (c)	T
ding: s Offic sed as	2	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	PERFORMED? YES MO
pen ner		TIF	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) Automobile collision Described the property of the part of	
his d		-	CAUSE OF DEATH. Automobile collision. Deceased was riding as a pass	enger
ward ward al Exa shoul	. ,	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) (Caunly)	(Stole)
Z de Sign	16	MED	1.50 p. m. 19- 19 56 of work of work Street Cheverly. Pr. Geo.	Maryland
AMI Med Med			21. I certify that I took charge of the remains described above, held an Autapsy XI, Inspection XI, Inquiry X	
EX ief			death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined cause .	
CTO CTO				
EDIC Scat MREC	2		SIGNATURE SAMO MC CHIEF MEDICAL EXAMINER	DATE SIGNED
N. J. S.			ASSISTANT MEDICAL EXAMINER	
He chinde			NAME (Type) John T. Maloney. M.D. DEPUTY MEDICAL EXAMINER S September 19	1956
ute the cer arwarded FUNERAL		220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
0 0 0			Burial 9/24/56 Ft.Lincoln Cem. Washington DC	The Resident
		23.	FUNERAL DIRECTOR'S SIGNATURES ADDRESS Washington 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNAT	URE
VS. A15ME(5) 5M 9/55	10	1	Wom Lee Sono Co 300 4th St., NE DATE P 24 56 Pletonich	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No

e. IS RESIDENCE ON A FARM?

YES NO

Year

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

(County)

PERFORMED? YES |

Md.

DATE SIGNED

(State)

NO T

(State)

U.S.A.

1956

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 09571 1 tems 10a, 13, 14 Film 0205 10-16-56 CERTIFICATE OF DEATH 9582 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY b. CITY OR TOWN (If autside carporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawp) d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE: OR INSTITUTION ON A FARM? YES NO 2 0 3./NAME OF First Middle Last 4. DATE Manth Year Day filled DECEASED (Type or print) DEATH 1956 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min. 0 WIDOWED | DIVORCED [yrs. 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY FT1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address D D deoth 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Haur 0. fl. While Nat while at work p. m. at wark 23, 1956, that I last saw the deceased 21. I certify that I attended the deceased fram. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION C tawn, or, county) (State) REMOVAL (Specify) 23. PUNERAL DIRECTOR'S SIGNATURE ADDRESS REC'D BY REGISTRAT 24b. REGISTRAR'S SIGNATURE 15M 9/55

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VS. A15ME(5) 5M 9/55

or removal.

	PLACE OF DEATH o. COUNTY	Prince Geor	ges	MARYL	AND	2. USUAL RESIDENCE	E (Where deced	sed lived. If institu		-		issian)
1	b. CITY OR TOWN (I	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	ч 16			porate limits, write	RURAL and	give ne	arest to	wn)
E		Cheverly		12 days		Mitc	hellvil	le				X
7	d. NAME OF HOSPIT	AL OR INSTITUTION (If not in ho	spitol, give street address)		d. STREET ADDRES	iS					A FARM?
	Prince Ge	eorges Gene	ral H	ospital				I SAME SE				NO 🗌
	NAME OF DECEASED	Fin	st	Middle		Last	4. DATE	Mont	h	Day	Y	ear
L	(Type or print)	Phillip				ied	DEATH	Sept.	21	1.	1	9 56
5. :	SEX	6. COLOR OR RACE	7. MARRI	IED NEVER MARRIED	□ B.	DATE OF SIRTH		9. AGE (In years lost birthday)	IFUNDER 1	-	-	
	Male	colored	WIDOWE	DIVORCED]	March 16.	1914	42 yrs.	Months [Days	Hours	Min.
100	USUAL OCCUPATION		done 10b.	KIND OF BUSINESS OR IN	IDUSTR	Y 11. BIRTHPLACE (SI	tote or foreign	country)	12. CITIZ	EN OF	WHAT	COUNTRY
	Labore		S	aw-mill		Marylan	d			U.S	-A-	
13.	FATHER'S NAME					14. MOTHER'S MAIDE	N NAME					
	Phillip	Harried				Mary	Bordle	V				
	WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT		Address				
	No.	(it yes, give wer or adies of	servicel		Ju	lia Turner	. Mitch	ellsvill	e. Md.			
	PART I. DEAT	diate couse		Compression Fracture di		•		al spine		INTER	AL BETWE	EEN ATH
Z	(o), stoting the couse lost.) (c).		ONTRIBUTING TO DEATH !	BUT NO	OT RELATED TO THE TE	PMINAL DISEAS	E CONDITION GIV	/FN IN PART	1/01/19	24.W	VZQOTILA
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L CERTIFICATION	20g. EXTERNAL CAL PRIMARY or COI CAUSE OF DEATH.	JSE WAS NTRIBUTING [] 20	Drive:	r of an auto	mob	ile in col	lision	with anot	ther a	uta	nobi	le.
MEDICAL	20c. TIME OF INJUI	9-8-56 19	While of we	ork at work	factor	y, street, office bldg., treet	Mar	lboro Pr			ld.	(State)
	21. I certify th	nat I took charge	of the	remains described	abov	e, held an Auto	psy 🔼, I	nspection 4	Inquiry	, A.	and I	find that
	ACTUAL O	from: Natural	causes [Accident ,	Suic	CHIEF MEDICAL		ndetermined o	cause .		DATE S	IGNED
	SIGNATURE	than .	Tal	mey		M.D. CHIEF MEDICAL						
	EXAMINER'S NAME (Type)	John T. Ma		, M.D.		DEPUTY MEDICA	-		t. 21,	19	56	
L	REMOVAL (Specify)	C LUCK	5/56	22c. NAME OF CEMETERY	Re	10	me	TION ICity, lown	or county)	(no	Y
23.	FUNERAL DIRECTOR	s signature	men	ADDRESS Amod	pr	Les DATE	EC'D BY REGIST	TRAR 24b. REGI	STRAR'S SIGI	NATUR	E	

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MEDICAL EXAMINER'S OPERING A'E OF DEATH

5M 9/55

9584 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTPrince George's b. counTHudson o. STATE New Jersey MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Capital Heights Md Transit Jersey City d. NAME Of HOSPITAL OR INSTITUTION (If not in hospital, hive street oddress) d. STREET ADDRESS 514 Jersey avenue, . NAME OF First Middle DATE (Type or print) Marven Leonard Harris DEATH Sept 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE white No male WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND Of BUSINESS OR INDUSTRY 11. during most of working life, even if retired) Construction Harmon Wrecking Co 13. FATHER'S NAME 14. M Harris 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Io Berth 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Hemorrhage and sh DUE TO Conditions, if ony, which Fracture and dislo gove rise to immediate couse vertebrae with con DUE TO (o), stoting the underlying couse lost. the right femur at PART II. OTHER SIGNIFICANT CONDITIONS COMMISSIBLE DESTREES ANOTHER CERTIFICATION 20g. EXTERNAL CAUSE WAS PRIMARY 20 or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter not Pedestrian struck by an 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF I While Not while at work of work Septa 19 21. I certify that I took charge of the remains described above, he death resulted from: Natural causes , Accident X. ACTUAL SIGNATURE remaya NAME (Type) James I. Bound TO FUNER. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMA Burial (Specify) 9/18/56 Jersey City 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS VS. A15ME(5) Gasch's Sons Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

. IS RESIDENCE ON A FARM?

YES NOT

Year

1956.

Reg. Dist. No

Day

15,

OF BIRTH		9. AGE (In years	IF UNDE	RIYEAR	IF UNDE	R 24 HRS.
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cation o	f the	second an	nd fi	rst	cervi	icle re of
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STED & DECEMBE	MALDISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	PERFOR	UTOPSY
ure of injury in Po automob		of item 18.)				
NJURY (Home, format, office bldg., etc.	n, 20f. (Cit	y or town) apital He:		P.	G.	(Stote) Md
ld an Autop		nspection 🙀,	_	_	, and fi	nd that
CHIEF MEDICAL E	XAMINER [DATE SH	GNED
ASSISTANT MEDIC DEPUTY MEDICAL		C.	eptem	ber	15,	1956
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/55

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3000	CERTIFICATE OF DEA

Reg. Dist. No.

	COUNTY	Georges (ounty	MARYLAND	2. USUAL RESIDENCE o. STATE Marylan	180	d lived. If instituti b. COUNTY	on: Residence Pr. Ge	before admis	sion)
b.		outside corporate limit		OTH OF STAY IN 16	c. CITY OF TOWN		rote limits, write R	URAL ond giv	e nearest tow	n)
d.	NIAME OF HOSPITA	erly, Md. L (If not in hospitat, gi rince Georg	Accepted and decest	days al Hosp.	d. STREET ADDRESS	t Height dison Re			ON	SIDENCE A FARM?
3. N	AME OF ECEASED	Firs		Middle	Lost	4. DATE	Mon	nth	Day	Year
5. SE	(ype or print)	Janis 6. COLOR OR RACE		NEVER MARRIED	B. DATE OF BIRTH	DEATH	9. AGE (In years	tember		19 56 ER 24 HRS.
E	E Male	Negro	WIDOWED [DIVORCED [Sept. 20.	1956	lost birthday) yrs.	Months D	oys Hours	Min.
10a.	USUAL OCCUPATION during most of worki	N (Give kind of work d ng life, even if retired)	one 10b. KIND OI	BUSINESS OR INDU	JSTRY 11. BIRTHPLACÉ (S	tote or foreign o	ountry)	12. CITIZI	EN OF WHA	COUNTRY
13. F.	ATHER'S NAME	Louis Ma	thews		14. MOTHER'S MAIDE Amy Chr:		larvell			
15. V (Yes,	VAS DECEASED EVER	IN U. S. ARMED FORCE yes, give war or dates of set	(ES? 16. SOCIAL :		INFORMANT	s above	Add	ress		515
CATION	Conditions, if an gove rise to im couse (o), stoling the lying couse lost. PART II. OTHI	mediate DUE TO	ITIONS <u>CONTRIB</u>	JTING TO DEATH BU	T NOT RELATED TO THE TE		tasi steen		PERF	AUTOPSY DRMED?
	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour a. fr.	Month, Day, Year	20d. INJURY O	CCURRED 20e. P	ED. (Enter noture of injury LACE OF INJURY (Home, octory, street, office bldg.,	form, 20f. (City		(Cou	unly)	(Stote)
	p. m. 21. I certify the	t I attended the	ot work or of deceased fran	n 9/20/56		9/23/56	/ '/	,that I la	st saw the	
	actual signature Physician's NAME (Type)	John John	Bu	and that death	m.D. 5301		n the causes of treet, city or town.			ed abay

OCT 22 1956

ADDRESS

24a. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

0 VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

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GECENAED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 69576
9627 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
1. PLACE OF DEATH a. COUNTY a. STATE ARRYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE ARRYLAND COUNTY COU
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares fawn) C. CITY OR TOWN (If outside corporate limits, write RURAL and give neares fawn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 35 Harseshoe Rerive 1 NO 19
3. NAME OF DECEASED Last 4. DATE Month Day Year OF THE OF T
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years) IF UNDER 1YEAR IF UNDER 24 HRS. Whate WIDOWED DIVORCED 1/2 1/4
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Oustor Broke Intels 14. MOTHER'S MAIDEN NAME Hoffman
15. MAS DECEASED EVER IN U. S. ARMED FORCES? IN SOCIAL SECURITY NO. 17. INFORMANT (Ver of ex unknown) If yes, give war or dates of service) Address Address Address Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO D
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Alexandre dender during the cause last.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO IT
20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 20d. INJURY OCCURRED While Not while of work of work of work 10 at wor
21. I certify that I taak charge af the remains described above, held an Autapsy, Inspection, Inquiry, and find that death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined cause
ACTUAL SIGNATURE AL DATE SIGNED M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S JAMES T. BOVA DEPUTY MEDICAL EXAMINER 1 9/13/56
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
23. HUNERAL DIRECTOR'S SIGNATURE ADDRESS 31-018 REC'D BY REGISTRAR 226. REGISTRAR'S SIGNATURE DATE ADDRESS 131-018 DE DATE CAPPEL C

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS. A15ME(5) 5M 9/55

	MARYLA 958MED	ND STA	TE DEPAR	TME ER'S	NT OF HEAL	TH-BAI	DEATH		(19. Dist. No	575	31
1. PLACE OF DEATH					2. USUAL RESIDENCE	(Where decea					
	Prince Georg		MARY	LAND	o. STATE Mary	land	b. COUNT	Pr:	ince	Geor	rges
b. CITY OR TOWN (and give necrest low	(If outside corporate timits, write Rt in) Cheverly	JRAL C.	LANGTH OF STAY	IN 1b	c. CITY OR TOWN		porote limits, write	RURAL	nd give n	earest to	wn)
342	TAL OR INSTITUTION (IF a			s)	d. STREET ADDRESS		Street			ON	ESIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	First Margare	t	Middle Sara		Hodges	4. DATE OF DEATH	Septemb		Doy 5		^{(ear} 956
5. SEX Femal e	6. COLOR OR RACE 7.	MARRIED [NEVER MARRIED DIVORCED [2-13-50		9. AGE (In years lost birthday) yrs.	Months 1	R IYEAR Days	Hours	Min.
during most of work	ION (Give kind of work doring life, even if retired) Ione	10b. KIND	OF BUSINESS OR I	INDUSTR	Washing				TIZEN O		COUNTRY?
13. FATHER'S NAME				11	14. MOTHER'S MAIDEN	NAME	March 1				
Vic	tor Berger H	odges			Marga	ret Mah	naney				
15. WAS DECEASED E' (Yes, no, or unknown) NO	VER IN U. S. ARMED FORC (If yes, give wor or dates of serv None	ice)	None	-	formant Mother, Sam	e addre	Address				
Conditions, if a gove rise to imma (o), stoting the couse lost.	ediote couse				dorsum of					9. WAS	AUTOPSY DRMED?
PART II. OT	USE WAS 20b.	DESCRIBE HO	W INJURY OCCUR	RED. (En	iter noture of injury in P	ort I or Port II	of item 18.)			YES TO	NO 🗌
20c. TIME OF INJU		While	Not while ot work	De. PLAC	E OF INJURY (Home, for ry, street, office bldg., e	orm, 20f. (City	or town)	(C	ounty)		(Stote)
ACTUAL SIGNATURE	that I tack charge of from: Natural co	Malo			ide, Hamicio _M.D. CHIEF MEDICAL ASSISTANT MEDI	EXAMINER I	ndetermined o	1000]	DATE	BIGNED
220. BURIAL, CREMATION REMOVAL (Specify Burial		22c.	M.D. NAME OF CEMETE Fort Lir		DEPUTY MEDICA CREMATORY Ln Cem		TION (City, town,	or county)		(Stot	
23. FUNERAL DIRECTO			ADDRESS iverdale			C'D BY REGIST					of his

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	Stanington, 1.c.	enol	anol	
Ca	account of of of the		stor Larger Rodges	
	Mother, Bana address			104
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BUREAU V. E.

SEP 10 1956

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECEIN

SEP 28 1956

BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09583

		9988		CERTIFI	CAT	E OF DEATH	ł		Reg. D			0
1.	PLACE OF DEATH o. COUNTPRINCE	George		MARYLAN		USUAL RESIDENCE (Who state Maryland		d lived. If instituti b. COUNTY			Geo1	
_	b. CITY OR TOWN (If or RURAL and give near Chevel	utside corporate limi	s, write	c. LENGTH OF STAY IN 1	16	c. CITY OR TOWN (IF of		prote limits, write R				
	d. NAME OF HOSPITAL OR INSTITUTION Prince Geo	(If not in hospital, g				d. STREET ADDRESS 8651 Lan	ndover	Road				FARM?
3.	NAME OF DECEASED (Type or print)	Francis		Sales Middle	Ja	ckson	4. DATE OF DEATH	Mon sep		Do	,	Year 19 56
5.	Male 6	White	7. MARR	ED NEVER MARRIED [_	6-13-84		9. AGE (In years last birthday) 72 yrs.	IF UNDE Manths	Days	Hours	Min,
100	during most of working	(Give kind of work of life, even if retired)	lone 10b. Ca	KIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (Stote of Md.	or foreign c	ountry)		TIZEN C		COUNTRY
13.	FATHER'S NAME	Unknow	vn		3	4. MOTHER'S MAIDEN N						
	WAS DECEASED EVER IN	U. S. ARMED FOR es, give wor or dates of so		SOCIAL SECURITY NO.	7. INFO	mes D. Jack	cson	Suitla		Mc.		
	PART I. DEATH IN A A C C C C C C C C C C C C C C C C C	WAS CAUSED 8Y: MEDIATE CAUSE (o) DUE TO which (b)	ar	e for (a), (b), and (c).	lus	te Ht 9	ech	e for	len		ERVAL BE	
CERTIFICATION	PART II. OTHER 20a. ACCIDENT WAS L			ONTRIBUTING TO DEATH					EN IN PA	RT 1(o) 1	9. WAS PERFO	RMED?
MEDICAL CER	OR CONTRIBUTING [] (IF EITHER, NOTIFY ME 20c. TIME OF INJURY Hour o. j., p. m. 21. I certify that alive on	CAUSE OF DEATH DICAL EXAMINER) Month, Day, Yea	while	JURY OCCURRED 20e	PLACE foctory	OF INJURY (Home, form, street, office bldg., etc., 1956, to 9 coursed at 3.215	20f. (City	or town)	that I		te state	
22c	BURIAL, CREMATION,	22b. DATE THEREO 9/20/56	F	22c. NAME OF CEMETER St Mary's				TION (City, town, o			(Stote	e) ,

TO HOSPITAL OR may be retained TO FUNERAL VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE Gasch's Sons

Hyattsville, Md.

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

BECEINED

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BUREAU V. S.

NUMBER OF STREET

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9632 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09584

		-	-	
lea.	Dist.	No.		

	PLACE OF DEATH a. COUNTY						ICE (Where dece	ased lived. If instit		dence bel	fare adm	issian)
		ce Georges		MARYL		o. STATE D.		b. COUN				1
	b. CITY OR TOWN (If a and give necrest town)	utside corporate limits, write	RURAL	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOV	VN (If outside co	orporate limits, write	RURAL O	nd give n	earest ta	wn)
	airmount He			Transient		Washing			4	/ X	- 0	
	d. NAME OF HOSPITA	L OR INSTITUTION (f not in hospi	tal, give street address)		d. STREET ADDR	RESS				e, IS R	A FARM?
	5717 Jost S	St.				1135 -	C - St.	N.E.				NO
	NAME OF DECEASED (Type or print)	Fin Brown		er Johnson		Last	4. DATE OF DEATH	Septemb		7 Day		9 56
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.0	ATE OF BIRTH		9. AGE (In years	IF UNDE	RIYEAR	IF UND	ER 24 HRS.
	Male	Colored	WIDOWED-	DIVORCED [eb. Il.	1902	lost birthday)	Manths	Days	Hours	Min.
100	. USUAL OCCUPATION	N (Give kind of work	done 10b. Kil	ND OF BUSINESS OR IN				country)	12. CI	TIZEN O	F WHAT	COUNTRY?
1	during most of working Huckster	iire, even ir retired)	Se	lf Employed		Washing	ton D.C		T	. S.	Ai.	
13	. FATHER'S NAME			TA INDIOJOC		4. MOTHER'S MAIL			1 0	9 20 9	48.0	
	William B	arker John	8.000			Anna E.	Dogton					
15	. WAS DECEASED EVEL			OCIAL SECURITY NO.	17. INF	DRMANT	DOSTOLI	Address	1			
(Ye		If yes, give war or dates of	nervice)		0-4	handa II		5/17 J	ost S	t,	4	wa
F	NO CAUSE OF DEATH	1 Enter only one cau	te per line fo	s (a) (b) and (c)]	Uel	herine H	(c) + (n(c) 4 = (o)	I Partisio	UILG A		RVAL BETW	Ma
		WAS CAUSED BY:	se pot ilile to			des boom	+ Pad7				ET AND DE	
	1/1/20	MMEDIATE CAUSE (0)		Acute con	rRap (TAG UGST.	e rattu	Le .		-		
	4400	DUE TO										
	Conditions, if any			Cardiovas	CUL	r renal	disease					
	(a), stating the ur											
	couse last.) (c)										
0 N	PART II, OTHE	R SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH	BUT NO	RELATED TO THE	TERMINAL DISEA	SE CONDITION GI	VEN IN PA	RT 1(o) 1		AUTOPSY DRMED?
3								EIERC			YES 🔲	NO 📆
CERTIFICATION	20a. EXTERNAL CAUS PRIMARY () or CON CAUSE OF DEATH.	E WAS TRIBUTING [b. DESCRIBE I	HOW INJURY OCCURR	ED. (Ente	r nature of injury i	in Part I or Part	II of item 18.)		9		
3	20c. TIME OF INJURY	Month, Day, Yea	r 20d. IN	JURY OCCURRED 20e	- PLACE	OF INJURY (Home	, form, 20f. (C	ity or town)	(C	gunty)		(State)
MEDICAL	Hour a.m. p.m.	19	While at work	Nat while at work	factory	, street, affice bldg	j., etc.)	5500	141			
14	21. I certify the	at) taak charge	af the re	mains described	abave	, held an Au	tapsy 🔲,	Inspection 🔄	Inqu	iry 💽	, and	find that
	death resulted	fram: Natural	causes 🔀	, Accident,	Suicio	de 🔲 , Homi	icide 🔲, l	Jndetermined	cause [].		
	ACTUAL	ahmo	·Mo	lonen		n.u.	CAL EXAMINER	-			DATE :	SIGNED
	EXAMINER'S NAME (Type)	n T. Malo	nev M.	D. /			ICAL EXAMINER	Y Se	ept.	8th,	195	6
220	BURIAL, CREMATION REMOVAL (Specify) Burial			2c. NAME OF CEMETER	Y OR CR	EMATORY	22d, LOC	ATION (City, town,	or county)		(Stat	- 10
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS Ø		24q.	REC'D BY REGI	STRAR 24b. REG	ISTRAR'S	GNATUI	RE	A
	Ralph Bar	bour, 48	K St.,	N.E., Washi	ingto	n,D.C.	TEP 11	1950 2	· H.	Hed	uc	B,

VS. A15ME(5) 5M 9/55 PLANTE BO BUADRIVED WERNING AND TOTAL CHARVE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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UREAU V. S.

VS A15 (4) 15M 9/55

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
9590	CERTIFICATE C	OF DEATH	

09586

	Reg. D	ist. No.
1. PLACE OF DEATH o. COUNTY OMARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside o. STATE b. COUNTY	nce before admission)
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	NEWYOFK	
RURAL and give nearest flown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
Cheverly 15 days	Brooklyn	7X-5
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTRUCTION FRINCE CEAN GES HOSPITAL	d. STREET ADDRESS 193 Quentin Ave.	e. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle DECEASED (Type or print) FIR FI-H	Last 4. DATE Month OF DEATH SEPT	Day Year 27 1956
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		R 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	16 Suly 84 P2 yrs. 2	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE-WIFE	USTRY 11. BIRTHPLACE (State or foreign country) 12. C	TIZEN OF WHAT COUNTR
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Hannah lerael - (P:	andala Md)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	21412/11/4/
(Yes, no, or unknown) (If yes, give wor or dates of service)	Villiam King 6/19-43 rd	54,
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Sheck		1day
545X DUE TO		1
Conditions, if ony, which) (b) POST OPERAT	IVE GASTRECTOMY	13 days.
gove rise to immediate DUE TO		,
lying couse lost.	avition, ADRENAL Exhaustion	50845
		PT 1/01/19 WAS AUTOPSY
COATIO		PERFORMED? YES NO
	ED. (Enter noture of injury in Port I or Port II of item 18.)	
	LACE OF INJURY (Home, farm, actory, street, office bldg., etc.)	(County) (State)
21. I certify that I attended the deceased from 12 5ch	1956 to 27 Sep 1956 that 1	last saw the decease
alive an 26 Sep 1956, and that deat	200	
	ADDRESS (Street, city or town, stote)	DATE SIGN
SIGNATURE John H. Bayly	1835 EYE NIW WASH, 7	77. Spin
SIGNATURE	M.D	21000
PHYSICIAN'S JOHN H. VBAYLY		
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY CONTROL (Specify) 9/30/56 M1/2/017 Cen	OR CREMATORY 22d. LOCATION (City, town, or county) THERE OF THE PROPERTY OF TH	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bernard Haugausky Lons - was	L. D.C. 240. REC'D BY REGISTRAR 248. REGISTRAR'S S	GNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V.

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VS A1S (4) 1SM 9/SS

MARYLAND	STATE	DEPARTMENT	OF HEALTH-	BALTIMORE, 18	3

09588

		963	4	CERTIF	ICAT	E OF DEAT	Н		Reg.	Dist. No	.2	43
	ACE OF DEATH COUNTY Prin	ce Georges		MARYLA	ND 2	USUAL RESIDENCE (W. o. STATE Dist.	here deceas	ed lived. If institu 01. b. COUNT	tion: Resi Y	dence befo	ore admiss	sion)
b.	CITY OR TOWN (If	outside corporate lim		c. LENGTH OF STAY IN		c. CITY OR TOWN (IF						
- 1	Glenn Da	le (RURAL)	186	9 days		Washi	ngton			4	17x	3
d.	NAME OF HOSPITA	L (If not in haspital, s	give street	address)		d. STREET ADDRESS	-				e. IS RES	SIDENCE
		e Hospital				914 -	91th	St. N.V	I.			A FARM?
DE	ME OF CEASED (pe or print)	Fi	rry	Middle		Lee	4. DATE OF DEATI	Mo	pt.		oy O	Year 1956
S. SEX	(6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. 0	DATE OF BIRTH		9. AGE (In years			IF UND	ER 24 HRS.
	Male	Chinese	WIDOW	ED 📆 DIVORCED		11/11/1892		lost birthdoy)	. Month	Doys	Hours	Min.
10a. L	SUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	ar foreign	country)	12.	CITIZEN C	OF WHAT	COUNTR
	Cook	ng me, even n temec	'	_		China				U.S	Α.	
13. FA	THER'S NAME				1	4. MOTHER'S MAIDEN	NAME			0.0		
	Fong Mi	ø				Yees						
	AS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO			Ad	dress		- 7 . 7	
1100, 11	no	r yes, give wor or odies or	ervice)	Unknown		Decede	nt.					
11		TH [Enter only one co	use per li	ne far (a), (b), and (c).]						INT	ERVAL BE	ETWEEN
	PART I. DEAT	H WAS CAUSED BY:	. /	Acute corona	rv t	hrombosis				ON	I day	
	420.0	DUE TO	-									
	Canditions, if an	y, which) (t	. /	Atherosclero	tic	Heart Disea	se			1	unkno	านาา
	gove rise to in	mediote (7 112 1
	cotse (a), stating t lying cause last.	le under-	1									
No.	PART II. OTH			CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERA	AINAL DISEA	SE CONDITION G	VEN IN I	ART 1(o)	19. WAS	AUTOPSY
Y	1) Diabe	tes mellit	us. I	L4 yrs; Pulm	onar	v tuberculo	sis.	3 vrs. 6	mon	ths	_	DRMED?
i ac I C	0a. ACCIDENT WAS	UNDERLYING CAUSE OF DEATH		CRIBE HOW INJURY OCC							Sapara Contract Contr	
MEDICAL	C. TIME OF INJURY		ar 20d. II	NJURY OCCURRED 20	De. PLACE	OF INJURY (Home, form, street, office bldg., et	m, 20f. (Ci	ty or town)		(County)		(Stote)
i -	p. m.	19	of wor									
2	1. I certify the	ot I ottended the	deceas	ed from Sept.	21	, 1956 , to S	ept.,	30 , 19 5	6, that	I lost s	aw the	decease
c	olive on 1/	29/56	, 19	, and that d	eath o	curred ot 6:45	a.M. fro	m the causes	and or	the do	ate state	ed abov
		100	n				ADDRESS (Street, city ar town	, stote)		D	ATE SIGNI
	CTUAL IGNATURE	annex Le	pt	check AMD	M.D	Glenn Da	le Hos	spital, C	lenn	Dale	e, 9/	/30/50
	HYSICIAN'S IAME (Type)	Daniel Leo						Ŋ	aryı	ano		
200	URIAL, CREMATION	10-2 -	56	SLORGE STEEL	RYORC	rematory cashings toy	22d. LOC/	TION (City/tgevn,	ar count	le.	The (State	il e
23.4	TO BINGWIN	SIGNITURE	D CC	- ADDRESS BOO	-4t	h at 1 sea. REC	D BY REGIS	FRAR 24b. REG	ISTRAR'S	SIGNATO	RE	
1		1000 22	22 -	Part of the		DATE	9/30	/56	W	be l	Mer	11-

	METHINGH TO THE	MIRATE DEPARE	MARYEAN	
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		MARYLAND STATE DEPART	MENT OF HEALTH—BALTIMORE, 18
<u></u>		9591 CERTIFIC	CATE OF DEATH Reg. Dist. No.
7	1.	PLACE OF DEATH COUNTY MARYLANE MARYLANE	
M	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
25	1	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
16	1	eland Memorial Hospital	1520 Edmonsten Rd YES NO
	1	NAME OF DECEASED (Type or print) ATTIC	Lost 4. DATE Month Day Yeor OF DEATH 9 56
	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 ARS, last birthday) Manths Days Haurs Min.
	100	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INI [during mast of working diff. even if retired]	
1		FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	C	Les Charaman	Nancy Costwood
0	IS.	es. no, or unknown) If yes, give war or lates of service	HOSPITAL Chan.
1	F	18. CAUSE OF DEATH [Enter anly one couse per line far (a), (b), and (c).]	INTERVAL BETWEEN
I)		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 11 12 13 14 15 16 17 17 18 18 18 18 18 18 18 18	wie Heart Failure ONSET AND DEATH
		Conditions, if ony, which) DUE TO Orthorios	selectic Heart Disease unawence
		gave rise to immediate cause (a), stating the under-lying cause last.	afarlerio sclerosi, undelimina
0	TION		UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	TIFICA	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature af injury in Part I or Part II of item 18.)
	AL CE	(IF ETIMER, NOTIFY MEDICAL EXAMINER)	NACE OF INVINE ALL AND
	MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Haur a. m. p. m. 19 While Nat while at work of work	PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) (County) (State)
		21. I certify that I attended the deceased from all the second states and the second states are second states as the second states are second states are second states are second states as the second states are second state	26, 1956, to Syft4 , 196, that I last saw the deceased
,		Dinanilla	th occurred at 725 M, fram the causes and an the date stated above. ADDRESS (Street, city of town, state) DATE SIGNED
/		SIGNATURE IN MARCH	M.D. 12 Werdale, my 9-4-57.
		PHYSICIAN'S NAME (Type)	
	220	BURIAL, CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, tawn, ar county) (State)
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR' SIGNATURE
		ti Vasihs sons Ityallone	Ce Me. Dar 1955 James Stolley

CERTIFICATE OF DRATH

BUREAU V. L.

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		OCOK	DICA	LEXAM	INEK	S CERTIFIC	AIE OF	DEATH	Reg.	Dist. No	990	,
	LACE OF DEATH	Prince Ge	orges		MARYLAND	2. USUAL RESIDENCE OF STATE Mary	CE (Where decea	sed lived. If institu b. COUNT	~		fore odm	200
b	. CITY OR TOWN (If and give nearest lown)	pulside corporate limits, writ	RURAL	c. LENGTH OF				porote limits, write				
		rsity Park		15 Yes		1	<i>lversity</i>	Park)	<	
d		Sheridan S		pital, give street a	ddress)	d. STREET ADDRE		an Street	t	/	ON	A FARM?
3.	NAME OF DECEASED Type or print)	Ch ar :		F.	-	ebner	4. DATE OF DEATH	Sept.	24	Day		956
5. S		6. COLOR OR RACE		100	RRIED B			9. AGE (In years last birthday)	IF UNDE		Hours	ER 24 HRS.
-	ale	White	WIDOWED		CED 🔲	November 1	12,1878	77 yrs.				
10a	usual occupation with the tired	N (Give kind af wark of the property of the pr	Go Go	ovit Prin	or indust	RY 11. 8IRTHPLACE (S	itote ar foreign o	country)		U.S.		COUNTRY
13.	FATHER'S NAME Unknown					14. MOTHER'S MAID	en name iknown					
15. {Yes	no, or unknown) #1	R IN U. S. ARMED FO (If yes, give wor or dotes of Span-Amer.	RCES? 16. S	None		rormant 1e; Same a	ddmoon	Address				
	4421	DUE TO	C	and dame								
CATION		iote cause nderlying DUE TO (c) ER SIGNIFICANT CONI				renal dise		E CONDITION GIV	/EN IN PA		9. WAS PERFO YES	AUTOPSY ORMED?
L CERTIFICATION	gave rise to immed (a), stating the u cause fast.	iote cause nderlying DUE TO (c) ER SIGNIFICANT CONI	DITIONS <u>CO</u>	NTRIBUTING TO I	DEATH BUT N		ERMINALDISEAS		/EN IN PA		PERFC	RMED?
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	gave rise to immed (a), stating the u cause fast. PART II. OTH 200. EXTERNAL CAU PRIMARY — Or CON CAUSE OF DEATH. 20c. TIME OF INJUR Hour a. m. p. m. 21. I certify th death resulted	inte couse anderlying DUE TO (c) ER SIGNIFICANT CONI SE WAS TRIBUTING D Y Month, Day, Yea 19 at I taak charge	b. DESCRIBE 20d. In White of war	HOW INJURY OF While of work emains described. Accident	CCURRED. (ED. 200. PLAN foctor)	nter nature of injury in CE OF INJURY (Home, ary, street, affice bldg., ve, held an Autocide, Hamic _M.D. CHIEF MEDICA ASSISTANT ME	Part I or Part II form, 20f. (City apsy, 1	of item 18.) y or town) Inspection , Indetermined co	(couse	aunty)	PERFC YES , and	(Slole)
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH

9560

2411 N. Charles Street, Baltimere

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH 5 4/3 Sargent Rd. 1 Co. COUNTY Hypetherelle River Leat MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Pr. Hes
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Augustavelle (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN Prollowille)	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS 5 4 (3 - Sarquar Rd	1. 1.21
3. NAME OF (First) (Middle)	(Last) SR. 4. DATE (Month)	(Day) (Year)
(Type or Print) FRANK DUEBERRY	LUTTRELL DEATH SERT.	19 1916
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Manual	8. DATE OF BIRTH 9. AGE last birthday Runder 1 Oct. 13, 1868 87 yrs. Months	year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dose during most of working life, even if retired) Kind of Business of Business of Light Working with the description of the Country of the Coun		CITIZEN OF WHAT
13. FATHER'S NAME Luttrell	14. MOTHER'S MAIDEN NAME Wants	25.
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of service)	Frank D. Lettrell Ju - Heratt	Segest Rd.
18. MEDICAL CEI	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
420 Immediate cause (a) Coronary To	brombosis with osclusion	about 2 days
Antecedent cause(s) Diseases or conditions, if any, (b) Coronary Q giving rise to the above cause	terio - oclerosio.	7
stating the underlying cause last (c) acute gall	Hodder	about 3 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
0		Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9.1.7	, 1956, to 9/19/, 1956, that I last sa	w the deceased
alive on 9/18/, 1956, and that death occurred at	ADDRESS and on the date sta	ted above.
Walter & angevine mos 6300	-13 m St. N.W. Wash. 1. OC	9/19/56.
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) 4/9/3-6 OLD FARM H		(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1191956	24. FUNERAL DIRECTOR Regun Drs. 3	ADDRESS 7 Pa. One. SE.

The correct PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

BUREAU V. K.

SEP 24 1956

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District Coroner notified

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09593 CERTIFICATE OF DEATH 9593 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND una b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) coon d. NAME OF HOSPITAL II for in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5411 intana YES NO NO 2256 NAME OF First Middle 4. DATE Lost DECEASED (Type ar print) DEATH 19 S. SEX 6. COLOR OR RACE 7. MARRIED ANEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days Hours Min. WIDOWED DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? Ins 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y rona IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stole) factory, street, affice bldg., etc.) Haur o. ft. While Not while p. m at wark at work 21. I certify that I attended the deceased from that I last saw the deceased

ACTUAL

and that death occurred at 10.

JABORESS (Street, city or town, state)

PHYSICIAN'S NAME (Type)

49c. NAME OF CEMETERY OF CREMATORY

22d. LOCATION (City, town, or founty)

(Stote)

DATE SIGNED

23 EUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

220. BURIAL, CREMATION, 226. DATE THEREOF

24a. REC'D BY REGISTRAR DATE OCT &

AREGISTRAR'S SIGNATURE

TLM, fram the causes and an the date stated above.

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		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09594
, ion,		MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
cremot		PLACE OF DEATH O. COUNTY O. STATE
To X		c. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Constitute of the composition of the composit
6 00	ľ	1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NO P VES NO P
egistrar		NAME OF DECEASED (Type or print) Morths Middle Mc Classic Jeath Sept 3 1956
E	5. 9	Temele Colored WIDOWED DIVORCED [] Last birthy yes. Months Days Hours Min.
1	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign quuntry) 12. CITIZEN OF WHAT COUNTRY WINDS OF WHAT COUNTRY NORTH COUNTRY OF WHAT C
		FATHER'S NAME 14. MOTHER'S MAIDIN NAME WHITE WHI
(Lo)	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Thomas Maddress Thomas McClearn, pane as #1.
permit.		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Comparison Restrict
		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. (c)
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO YES NO
	L CERTIFI	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of ilem 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 20d. INJURY OCCURRED twork of work
		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find the death resulted from: Notural couses . Accident . Suicide . Homicide . Undetermined couse .
Ž		ACTUAL SIGNATURE COMPANY ACTUAL SIGNATURE ACTUAL SIGNATUR
emaval.		EXAMINER'S JAMES I. BOYD ASSISTANT MEDICAL EXAMINER DAYS 3, 1456
ö		BURIAL, CREMATION, 22b. DATE THEREOF PLANT OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
5)	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS

BOBEVO N. S.

SEE 7 1956

SEE 7 1956

VS A15

1. PLACE OF DEATH:

MADVIAND	CTATE	DEDADTMENT	OF	TET A T TIT
MARILAND	DIAIL	DEPARTMENT	Uľ	HEALIH

2411 N. Charles St., Baltimore

09595

9561 CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	miere la de la
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If opeside city or town limits, write RURAL and give nearest town)
Rospital, Institution, or street address where death occurred:	807 CA QUE
0.0	Street Ro.
How long in hospital or institution? at thorus	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Helen anne Moore	no
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FM white woow	20. DATE DF DEATH September 26, 1956. 19
6.(b) Name of husband or wife Joseph & Maon	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	Nov. 30 19 55 to Sept. 26, 19 6
7. Birth date of	and that I last saw h. C.T. alive on August 25.
acousta (men, any, year)	Immediate cause of death
8. AGE: Years Months Days It less than one day	Myocardial inferct sudden
Pulpuna 179	Due to Hypertansive-arteriosclerotic
S. Birthplace (Town, county, and state)	heart disease // X 10 yrs.
10. Usual occupation Thouse Wife	Mear College
11. Industry or business at Olonica	Due to
12. Name	Other conditions Diabetes mellitus, 5 yrs. /
	Hemiplegia (cerebral apoplexy) 8 yrs. (Include pregnancy within 3 months of death)
14. Malden name ?	Major findings of operations.
1	Date of op
16. Interment Blouch Panella	Autopsy results
Address 807 Cat ave	PHYSICIAN: Please underline the cause to which death should be charged statistically,
17 Burial Pale thereof 9-29-56	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, creination, or remyval/Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory St. Mory Ceeu	Where did Injury occur?
Location all anonh 75	Injured at home, farm, industry, public place (where?)
18. Funeral director Villiam Deniance ASA	Means of Injury / Injured at work?
Address 520 S. Washington St	23. SIGNATURE TWING U. Frosspress la A.
19 September 361956 Mrs fax towers (Data rec'd by registrar) Registrar	2503 Queens Chapel Rd., M. D. or other Address Mt. Rainier, Md.

HEARS SO STADEDS TO

BUREAU V. E.

9961 I 100

BECEINED

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ALLENDING PRINCIAN: The low requires that the death certificate be executed within 24 hours after death. Fage 4		TOR: After this certificate has been signed by the attending physician and completely filled in b. e funeral director,	detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 hould be filed with	•
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Jeorn L		tendin	please	to burial, cremation, or remaval, and in any event within 72 hours after death.
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-	X	TC	de	9

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9562 **CERTIFICATE OF DEATH**

	13	05	96/	-
Rea	Dist	No	361	

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)
13. MLF (-torge) MARYLAND	o. STATE b. COUNTY Proceedings
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN Ut outside corporate limits, write RURAL and give nearest town
Huntesville le mi	Didloudly,
d. NAME OF HOSPITAL (If not in hospital, give street oddress). OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
Paint Brown house to	ON A FARM?
3. NAME OF DECEASED (Type or print) Real Annal IN	ulling de DATE DEATH DE POR DOY DOY DE MEGIT
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min
WIDOWED DIVORCED	flu Silly Go yes.
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in a real contraction	18000
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
mul M. Mullin	Mary 2. Doglaro
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I [Yes, no. or unknown] [(If yes, give wor or doles of service)	NFORMANT , Address
(if yes, give war or agies or service)	ettert de alene
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
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Conditions if any which)	
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couse (o), stoting the <u>under-lying couse lost.</u>	
(c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
TY TY	PERFORMED?
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OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a. st. While _ Not while _ fo	ctory, street, office bldg., etc.)
1 1/	
21. I certify that I attended the deceased from 1	, 19 L, to Sept. 1950, that I last saw the deceased
alive on 19 and that death	occurred at 12 2M, from the causes and on the date stated above.
ACTUAL IN COMMITTEES	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE : 1	M.D. 1600 Carullon To Read Paul De Col
PHYSICIAN'S T. M. Whitleck	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	
Transportation 9/23/56 Sheldon	Iowa
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F Gasch's Sons Hyattsville, Mar:	yland. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
- asen's one myacteville, -ar,	DATE P 25 1900 James Seognes

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BUREAU V. A.

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VS A15 (4) 15M 9/55

595	CERTIFICATE	OF	DEAT

Reg.	Dist.	No.

		<u></u>						Reg. Dist.	140.	
. PLACE OF DEATH a. COUNTY				- 11	USUAL RESIDENCE (Where deceas	ed lived. If instituti	an: Residence	befare admiss	ian)
	Prince Ge	orge	MARYLAN	ID D	Mary.	land	b. COUNTY	Prince	Georg	е
	f autside carporate lim	its, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If autside carp	orate limits, write R			
RURAL and give ne	everly		3 days		Colma	ar Mar	1022			
d. NAME OF HOSPIT	AL (If nat in haspital,	rive street o			d. STREET ADDRESS		101		e. IS RES	IDENICE
OR INSTITUTION						_			ON A	FARM?
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(Type ar print)	Bai	bv	Boy		Norriss	DEATI	se Se	ept.	22	19 56
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during mast af wark	ing life, even if retired)	KIND OF BOSINESS OK IL	ADOZIKI	II. BIRTHPLACE (ST	ate or toreign	country)		N OF WHAT	COUN
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FATHER'S NAME				14	. MOTHER'S MAIDER	NAME				
John Har	per Norri	SS			Margaret	Jeans	tte Der	ning		
. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. 5	OCIAL SECURITY NO. 1	7. INFO		000111	. Add			
es, no. or unknown)	(If yes, give war or dates of	service)		ma	the.	- 01	26	0		
			e far (a), (b), and (c).]	1110	Iller.	45	apov	-		
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NAME (Type)	WoTH	56 mf	NAME OF CEMETER ADDRESS ADDRESS	0	Sen Hory	C'D 8Y REGIS	Levely	STRAR'S SIGN	al la	e)

OCT 22 1956

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony delay is necessary, please exe	cute the conficote, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should by		TO FUNERAL URECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar print to burial, cremation
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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18								
	963 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH							
	1. PLACE OF DEATH " o. COUNTY OF THE OF THE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution) Residence before admission) o. STATE b. COUNTY							
4	b. CITY OR TOWN (If outside corporate limits, write RURAL of LENGTH OF STAY IN 16 and of the necrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give newest town)							
0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS O. IS RESIDENCE ON A FARM? YES \(\) NO \(\)							
)	3. NAME OF DECEASED (Type or print) Charles Suvand	Parleman DATE Manth Day Year OF DEATH A MAN 3 1956							
0	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 WILL WIDOWED DIVORCED	DATE OF BIRTH 9. AGE (In years) IFUNDER 1YEAR IF UNDER 24 HRS. 1 J J J J J J J J J J J J J J J J J J							
7	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of morking life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 12. S - 6							
	13. FATHER'S NAME Leslight Parkman	14. MOTHER'S MAIDEN NAME							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. II [If yes, give wer or defet of service] 252-58-7931	llen S. Parkman Address							
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.	INTERVAL BETWEEN ONSET AND DEATH							
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	21. I certify that I took charge of the remains described abordeath resulted from: Natural causes , Accident , Sui	ove, held an Autopsy , Inspection , Inquiry , and find that cide , Homicide , Undetermined cause .							
2	ACTUAL SIGNATURE J. Boy	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER							
	EXAMINER'S NAME (Type) AMOS TO BOUND OF STATES OF THE STAT	DEPUTY MEDICAL EXAMINER A Sept 3, 1956							
	220. BORIAL, CREMATION, 226. DATÉ THEREOF 220. NAME OF CEMETERY OR FORFLINEO	La Cong. Colman Mirror Pa Goo Co, 12							
	is. Funeral director's signature Co 517-11 5/56!	245, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE JOHN F Dansey							

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9595 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 245

b. CITY OR TOWN II evolves corporate limits, write RURAL and give necessal town) Riverale A. NAME OF MOSTAL OR INSTITUTION (If not in begilot, give street address) Bugene Leland Memorial Hospital 7,000 Glenbrook Road 4. SREET ADDRESS 8. IS RESIDENCE First Middle POLITZ MARRIED JOSEPH POLITZ JOSEPH JOSEPH JOSEPH POLITZ JOSEPH POLITZ JOSEPH JOSEPH JOSEPH JOSEPH POLITZ JOSEPH		PLACE OF DEATH d. COUNTY Prince Georges MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Riverdale A. NAME OF HOSPITAL OR INSTITUTION (If not in hospital) give street address) Bugene Leland Memorial Hospital 7400 Glenbrook Road A. STREET ADDRESS Bugene Leland Memorial Hospital 7400 Glenbrook Road Politz: Day Year Politz: Day Year Politz: S. SEX A. COLOR OR RACE [7. MARRIED] NEVER MARRIED] DIVORCED B. DATE OF BRTH White WIDOWED DIVORCED B. DATE OF BRTH 10- LUSUAL OCCUPATION (Give kind of work done) 106. KIND OF BUSINESS OR INDUSTRY 11. BRTHPLACE (Stebs or foreign country) S. ALE STREET ADDRESS Male White WIDOWED DIVORCED B. DATE OF BRTH 10- LUSUAL OCCUPATION (Give kind of work done) 106. KIND OF BUSINESS OR INDUSTRY 11. BRTHPLACE (Stebs or foreign country) S. ALE STREET ADDRESS Name To vision of the vision of the vision of the street of the	b.	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negrest town)										
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Maile White WIDOWED DIVORCED Jan-5th, 1912 Win-1969 Yr. Months Doys Moura Min.	5. SE	X		7. MARRIE	D NEVER MARK	IED 1 8.	DATE OF BIRTH				-	
Clothing Pennsylvania U.S.A. Salesman Clothing Pennsylvania U.S.A. Salesman Clothing Pennsylvania U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown		Male						.2	1.1.	Months	Days H	lours Min.
13. FATHER'S NAME Barney Lewis Politz 15. WAS DECEASED BYER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT TES WIN. 2 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Membriate CAUSE (o) Let TO Conditions, if any, which gove rise to immediate cause (o), stoling the underlying course lot. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED; YES NO MEMBRIATE CAUSE (W.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED; YES NO MEMBRIATE CAUSE (W.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED; YES NO MEMBRIATE CAUSE (W.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED; YES NO MEMBRIATE CAUSE (W.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED; YES NO MEMBRIATE CAUSE (W.) PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED; YES NO MEMBRIATE CAUSE WAS AUTOPSY PERFORMED. PART II. OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED. PART II. OTHER SIGNIFICANT MAD AUTOPSY PERFORMED. PART III. OTHER SIGNIFICANT MAD AUTOPSY PERFORMED. PART III. OTHER SIGNIFICANT MAD AUTOPSY PERFORMED. PART III. OTHER SIGNIFICANT MA	10a. du	ring most of working	N (Give kind of work d life, even if retired)	lone 10b. K		OR INDUSTR			country)	12. CITI		
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220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Sept. 11, 1956 At I THE TOTI NAT CEMETERY AT INC. TOTI NATION (City, town, or county) (Stote) PREMOVAL (Specify) Sept. 11, 1956 At I THE TOTI NATION (City, town, or county) (Stote) ADDRESS ADDRESS SIGNATURE B. Danzantsky 4 Sons - 3501-14 11, 5t. IV. IV. Wash Wash Wash Wash Wash Wash Wash Wash			hn T. Mala	nev.	M.D.		DEPUTY MEDICAL	EXAMINER	Sep	t. 8.	1956	
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BiDanzansky 45 on 5 - 3501-14"STININ Washire Walty n'195 you	23. F	UNERAL DIRECTOR	SIGNATURE	, , , ,		K at .	1240. REC	'D BY REGIS	STRAR 24b. REG	STRAR'S SIC		0
TUNING LA LIGHT LA LI		BiDanz	ansky45	075	3501-14	STAYA	V-VVashiva. 1	obtin	190 500	0		4
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SECTION AND ADDRESS.

The Total T. Viloner, I.

							NT OF HEALTH			18	1960)()
			OE36	EDICA	L EXAMIN	ER'S	CERTIFICAT	E OF	DEATH	Reg. Dist. I	No. 2	42
		LACE OF DEATH	3030		MARY	AND	2. USUAL RESIDENCE (M	here deceas	ed lived. If Institu		before adm	nission) V
	b	. CITY OR TOWN and give nearest to	Prince Geor		c. LENGTH OF STAY		c. CITY OR TOWN (IF	outside corp	porote limits, write	RURAL and give	nearest to	own)
X		Fort Wa	shington		Transient		Washington	1		4	7 x = 3	}
00	200		ngton and w)	d. STREET ADDRESS	Terr	ace S.E.		ON	RESIDENCE I A FARM?
	- (NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE OF	Month	h De		Year
	\$. S	Type or print) EX	6. COLOR OR RACE		D NEVER MARRIED	1 8	Raftery DATE OF SIRTH	DEATH	Sept. 9. AGE (In years	15 195		19 DER 24 HRS.
		Female	White	WIDOWE			Dec. 11. 191	2	lost birthday) 13 yrs.	Months Days	Hours	Min.
,	10a.	USUAL OCCUPAT	ION (Give kind of work ting life, even if retired)	done 10b. K	IND OF BUSINESS OR I	NDUST	RY 11. BIRTHPLACE (Stote			12. CITIZEN		COUNTRY?
	13.	Studer FATHER'S NAME	16				District of 14. MOTHER'S MAIDEN N		umbia	U.S.	A	
		Joseph	M.P. Rafter	y		26	Helen Duley	7	Tensile.	E Phi		
6		WAS DECEASED E	VER IN U. S. ARMED FO		SOCIAL SECURITY NO.	-	IFORMANT		Address			
)		NO CAUSE OF DE	ATH [Enter only one co	use per line	None	F	ther	Same	as #2.	LIN	TERVAL BETVA	/EEN!
			ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	******	orrhage and	sh	ock		•	Ö	TERVAL BETW NSET AND DE	ATH
-1		823>	DUE TO		~	1						
		Conditions, if	ediate couse				of the skull			st and a	abdom	en
		(o), stating the couse lost.	underlying DUE TO	MIUL	orbie iraco	ui e	b of one ever	r care or				
0	TION	PART II. O	THER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TERM	NALDISEAS	E CONDITION GIV	EN IN PART 1(a)	19. WAS	AUTOPSY ORMED?
	IFICAT	20- EVTERNIAL C	ALICE WAS	OL DECCRIPE	110111111111111111111111111111111111111	250 45			**		YES 🗌	NO
	CERTI	20g. EXTERNAL CAPRIMARY TO OF COLUMN OF DEATH	ONTRIBUTING	Occup	ant of an a	uto	nter noture of injury in Part mobile that :	ran of	of the ro	ad and	struc	k a
16	WEDICAL	20c. TIME OF INJ		ar 20d. I While	NJURY OCCURRED 20	e. PLA	CE OF INJURY (Home, farm bry, street, office bldg., elc.)	20f. (City	or town)	(County)	G.	(State)
	¥						ve, held an Autapsy			0		
							ide [], Hamicide					ma mar
A		ACTUAL	Anadal.	01	? 1		CHIEF MEDICAL EX	AAAINIED [7]			DATE	SIGNED
cho		SIGNATURE	- VV COV		ad		ASSISTANT MEDICAL	_		Septem	ber 2	6, 195
		EXAMINER'S	James I. Bo				DEPUTY MEDICAL E	XAMINER [X			
	220.	REMOVAL (Specif	ON, 226. DATE THEREC	56	22c. NAME OF CEMETE	RY OR	CREMATORY 1	22d. LOCA	HON (City, hown, o	or egenty)	1/2319	le)
	23.	FUNERAL DIRECTO	PR'S SIGNATURE	′′^	ADDRESS	カカ	140 Q 240 REC'E	BY REGIST	RAR 246-REGIS	STRAR'S SIGNAT	URE 1	100
. 3	-	1-10	- Nel	10/	Sino O	10,	7 11 . Cheaten	X.28	-29 ray	rie co	mp	VOX)

recess,	 de de la ca	jusi 1.01 2.00. 100	rinc Ermeod Aintean	3u 41
Marty 15	rotla	Z 3.3	norship	
13	cc. 11, 1.2		estini	er cle
olumbia U.S.A.	ic delitei			ກ່າວໃນ ກໍ່ວ
	Lelen Lule;	District and and	after;	Joseph
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AND STATE DEP SERMENT OF HEALTH-BAUTIMORE, 20

MYARG TO STADE CENTRACATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

TO FUNERAL U

VS A15 (4) 15M 9/55

09601 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Prince George	MARYLAND	a. STATE	re deceased lived. If institution: b. COUNTY	
Prince George b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	Maryland c. CITY OR TOWN (If ou	tside carporate limits, write RUR.	AL and give nearest town)
Cheverly	2 hours	Mt. Rainie	r	16
d. NAME OF HOSPITAL (If not in hospital, give stre- OR INSTITUTION	et address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince George General	Hospital	380# 35t	h Street	YES NO
3. NAME OF First DECEASED (Type or print) Anthony	Middle	Ramagnano	4. DATE Month OF DEATH SEPT	9 Doy Year 19 5 6
5. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDO	WED DIVORCED	13 Sept 1905	last birthday)	Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane 10 during host of wayking life, even if retired)	Safe		r fareign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Ramagna	no	50 phie	Bruno	
1S. WAS DECEASED OVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 17. II	NORMANT Parma	Address 380	04-35 th 8t,
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: WARDING CAUSE (a)	ConoNAN	y Throm	50515	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITION 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				YES NO
	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in Pa	et I or Port II of item 18.)	
Haur o. ft. Whi		ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the deceded alive an Sept 9, 12 ACTUAL Mirmon Der		accurred at 12 40A	M, from the causes and porcess (Street, city or town, stay Survey	that I last saw the deceased an the date stated above DATE SIGNER
PHYSICIAN'S NAME (Type) NORMBY) 220. BURIAL, CREMATION, 22b. DATE THEREOF	DONAT (BME)	R CREMATORY	22d. LOCATION (City, town, or o	county) (State)
Bremoval (Specify) 9/15/56	my Oliv	eh !	Masling	en, De.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			RAR'S SIGNATURE
receip mingrae Hond	Mh. KOMIDA	Sul DATE SE	11000 1111	e Reel to

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I.	tem 18 Fil	m G204 9-28	ND S	TATE DEPART	LWE	NT OF HEALT	H-BA	LTIMORE,	18	0.9	602	,
		9559MEI	DICA	LEXAMINE	R'S	CERTIFICA	TE OF	DEATH	Reg. Di	st. No.	2	30
1.	PLACE OF DEATH					2. USUAL RESIDENCE (V	Where decea			nce befo	ore admissi	ian)
L		Prince G				o. STATE Mary		b. COUNT	Pro	Geo.		
	b. CITY OR TOWN (and give nearest tow	If outside corporate limits, write in)	TURAL	c. LENGTH OF STAY IN	N 16	c. CITY OR TOWN (I			RURAL ond	give ne	orest town	1)
_		ollege Park		Transient			ege Pa	rk				14
		TAL OR INSTITUTION (IF		pital, give street address)		d. STREET ADDRESS	ersity	of Mary	land		e. IS RES	FARM?
3.	NAME OF DECEASED	First		Middle		Last	4. DATE	Mont		Day	Yeo)r
	(Type or print)	Rober	t.	Salvatore		Restivo	DEATH	Sept.	6,		19	56
5.	SEX	6. COLOR OR RACE	- MARRII	D NEVER MARRIED	8.	DATE OF BIRTH		9. AGE In years lost birthday)	IF UNDER			
	M le	ARTER OF	MIDOWE			August 5. 19	256	yrs.	Months	Days	Hours /	Min.
10	a. DSUAL OCCUPATI during most of worki	ON (Give kind of work doing life, even if retired)	ne 10b. I	CIND OF BUSINESS OR IN	NDUST	RY 11. BIRTHPLACE (Stote	ar fareign	country)			WHAT C	OUNTRY?
L	None			None		District	t of C	olumbia		U.S.	٨.	
13	. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
1		lvatore Res	tivo			Nancy	Willi					
	n. no, or unknown)	VER IN U. S. ARMED FORG		SOCIAL SECURITY NO.	_	FORMANT		Address				
	1	ATH Enter only one cause			ra	ther, Sa	me aa	dress.			AL BETWEEN	
CATION	Conditions, if a gave rise to imme (a), stating the cause last. PART II. OT	diate cause	TIONS CC	Septal p		1	IINAL DISEAS	SE CONDITION GI	VEN IN PART	1(a) 19	. WAS AL	JTOPSY MED?
CERTIFICAT	20g. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH	USE WAS 20b.	DESCRIBE	E HOW INJURY OCCURR	ED. (E	nter nature of injury in Par	rt I or Part II	of item 18.)		Y	ES TOR:	но 🗌
MEDICAL	20c. TIME OF INJU Hour a. m. p. m.		While		focto	E OF INJURY (Hame, farm ry, street, affice bldg., etc	n, 20f. (Cit	y or tawn)	(Cou	nty)		(State)
		hat I taak charge of fram: Natural co	_			ide, Homicide	XAMINER			у 🔼,	and fi	
	EXAMINER'S NAME (Type)	John T. Malo	ney,	M.D.	_	ASSISTANT MEDICAL			t. 7.	1956	5	
	REMOVAL (Specific	9/8/5	2	MA C	YOR	CREMATORY	22d. LOCA	TION (City, town,	or county)	ر	(State)	<u>_</u>
23	FUNERAL DIRECTOR	es signature Sor	2	Hyatts	v	elle he saire	D BY REGIST	IRAR 24b. REGI	Star's go	NATURI	frice	The state of
4	1/1/1/1/	1/1/						U				

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CERTIFICATE OF DEATH

and Jeff J Harris of A St Tall and

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BECEINED

BUREAU V. E.

SEP 10 1956

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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BUREAU V. S.

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LOUIS DE L'ORING MANAGEMENT DE L'ANGE L'AND L'ANGE L'AND L'ANGE L

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIM	AORE, 1
9569 MEDICAL EXAMINER'S CERTIFICATE OF DE	ATH

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Milson Dolla

		0000							Reg. Di	st. No.	•	113
1.	PLACE OF DEATH	D /				2. USUAL RESIDENCE (65	sed lived. If Institu	201	nce befo	ore adm	ission)
	L CITY ON TOWN	Prince (ARYLAND	Mary	The second second			UUU		V
	b. CITY OR TOWN (If or and give nearest town)	ulside corporate fimits, writ	e RURAL	c. LENGTH OF ST.	AY IN 16	c. CITY OR TOWN (I	f outside cor	porote limits, write	KUKAL and	give ne	porest to	wn)
		a Park		Transie		Balti	more			13	X-6	2,
	d. NAME OF HOSPITAL	OR INSTITUTION (lf nat in ho	spital, give street add	dress)	d. STREET ADDRESS					e, IS R	A FARM?
	1110 Kin	gwood Driv	7e			6506	North	Point Ro	ad			NO X
3.	NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE	Month		Day	Y	l'ear
	(Type or print)	Grace				Seitz	OF DEATH	Septembe	r	12.	1	19 56
5.	SEX	6. COLOR OR RACE	7. MARRI	ED ENEVER MARI	RIED 8.	DATE OF BIRTH		9. AGE (In years	IF UNDER	YEAR	IF UND	ER 24 HRS.
	Female	white	WIDOWE	DIVORCE	ED 🗆	Feb. 21st. 1	1890	66 yrs.	Months (Days	Haurs	Min.
10		(Give kind of work	done 10b.	KIND OF BUSINESS		RY 11. BIRTHPLACE (Store			12. CITI2	EN OF	WHAT	COUNTRY
						Maryland		K. CHILDS		U.S.	A	
13	Housewif	•				14. MOTHER'S MAIDEN				0.00	-0.0	
		llmeyer						ewyler				
15	. WAS DECEASED EVER		PCFS2 14	SOCIAL SECURITY N	10 12 15	FORMANT	Je GII N					
		f yes, give war or dates of		SOCIAL SECURIT IN	io. 17. In	IFORMANI		Address				
_						Sophia Hinta	z: Bal	timore, M	aryla			
	18. CAUSE OF DEATH		se per line	for (o), (b), and (c).						INTER	VAL BETW	EEN ATH
		WAS CAUSED BY:		Acute co	ngest	ive heart fa	ilure					
	443X	DUE TO					1	THE PART	1-9-1		71.0	754.5
	Conditions, if ony	, which) (b)		Hyperten	sive	cardiovascul	ar di	508 50				
	gove rise to immedia	ite couse			2.0							
	(o), stoting the un	derlying (c)										
z				ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TERM	UNAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 15	WAS	AUTOPSY
10			-								PERFC	DRMED?
SF	20- EVTERNIAL CALIC	E MAS Inc	A DECCRIO	F 110111 111111111111111111111111111111	C					1	ES [NO TOE
CERTIFICATION	20g. EXTERNAL CAUS PRIMARY OF CONT CAUSE OF DEATH.	RIBUTING []	D. DESCRIB	E HOW INJURY OCC	LUKKED. (E	nter nature of injury in Po	rt I or Port II	of item IB.)				
3	20c. TIME OF INJURY	Month, Day, Yea	or 20d.	INJURY OCCURRED		E OF INJURY (Home, for		y or town)	(Cau	nly}	MI	(Stote)
MEDICAL	Hour o. m. p. m.	19	While at we	e Not while	rocto	ry, street, office bldg., etc						
		t I toak charge			ed abay	ve, held an Autaps	v 🗖 I	nspection X,	Inquir	. (70)	and	find that
	death resulted f									, (24)	unu	illia illa
	dedili resolied i	/	cuoses g	, Accident [ide [], Homicide	e Ц, О	ndetermined o	ause			
	ACTUAL /	1 -	MA	. 1/2.							DATE S	SIGNED
	SIGNATURE	m	YVZ	alone	1	_M.D. CHIEF MEDICAL E		Charlet Sund				
	EXAMINER'S				0	ASSISTANT MEDIC	CAL EXAMINE	R				
	NAME (Type)	John T. Ma	lone	M.D.		DEPUTY MEDICAL	EXAMINER]	D Septe	mber	12,	195	6
22	BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREC	F	22c. NAME OF CEM	ETERY OR	CREMATORY	22d. LOCA	TION (City, town,	or county)		(Stot	e)
	Burial	Sept. 15	1956	Belair	Memor	ial Gardens	B	elair, Ma	ryland	d		
23.	FUNERAL DIRECTOR'S			ADDRESS		24a. REC	D BY REGIST	TRAR 24b. REGH	TRAP'S SIG	NATUR	E	
71	Wearn	Cooke	Que,:	1217 St. F	aul S	treet PONTEP	171	956 4	11.1	an/.	Sod	1/2

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VS A15 (4) 15M 9/55

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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
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09607

639	CERTIFICATE OF DEATH

9

Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY
L	Prince offerges MARYLAND	Manyland Prince Leaver
	b. CITY OR TOWN (If outside corporate Timits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	White House Hohts Brears	Whit House Habte.
-	d. NAME OF HOSPITAL (If not in-bospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
12	Parcen + Electric are	Warren + Electric ave YES NO NA FARM?
	NAME OF First Middle	
1	DECEASED (Type or print) E / h p / LEGIA 16	Selba DEATH 9 - 25 19376
5	6/14	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
1	3 100 + 1 = -	lost birthday) Months Days Hours Min.
100	Semale While WIDOWED DIVORCED	1-28-1900 56 yrs. 10013 min.
10	 USUAL OCCUPATION (Give kind of work done during most of working life/even if retired) 	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
L	Housewife at home	Washington D.C. U. A.a.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1.	Valler a. Walson	Unbueron.
		NFORMANT Address
"	18. no. or unknown) If yes, give wor or dates of service) Management	Parence R. S. lla Margin & Elictoria and
-	18. CAUSE OF DEATH [Enter only one cause per line to) (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (o)	onia, There
	DUE TO	120.0
	Conditions, if any, which gave rise to immediate (b)	majoris
	cause (a), stoting the under-	- Mts / Non. 420.0
1.	lying cause lost. (c) Lacunom	a TIR WHILE I JOSE
S N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 WAS AUTOPSY PERFORMED?
3		YES NO
CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Port I or Port II of item 18.)
U	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
S		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MED	Hour a. g1. p. m. 19 While Not while fact work at work	ctory, street, office bldg., etc.)
1		7. 2. 5. 425.57
	21. I certify that I attended the deceased from.	1925, to 1926, that I last saw the deceased
	alive an, 193_6, and that death	accurred at 450 M, from the causes and an the date stated above.
	ACTUAL 1/2 1 K. at	ADDRESS (Street, city or town, state) DATE SIGNED
	SIGNATURE	M.D. MED BULL MY 9/20)
	PHYSICIAN'S HOLD OF VOLTS	
L	NAME (Typo) 17 James 1012	
22	D. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (State)
1	Ennal 9-29-56 3t. Lin	coln Com. Washington D.C.
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	W. W. Chambres 6. 517- 11 2	2 C DATE D 201956 M. H. Dedrest



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral dire page 3 should be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled the registrar prior to burial, cremation, or remayal, and in any event within 22 haurs ofter death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 89608 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND ZOTGES b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) rever d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR-INSTITUTION ON A FARM? 469 KROOKS tince 69 1 Earles YES NO NAME OF 4. DATE Middle Lost Day Year DECEASED OF DEATH (Type or print) EK 195 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF 1900 last birthday) Manths Days Hours WIDOWED I DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF/BUSINESS OR INDUSTRY 11. duging most of working life, eyen if retired) BIRTHPLACE (State or foreign country) 12. GUIZEN OF WHAT COUNTRY? aurane 13. EATHER'S NAME 14/MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITORNO 17. JINFORMANT (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** cause (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) S 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy. Year 20d. INJURY OCCURRED (Stote) (County) foctory, street, office bldg., etc.) Hour a. m. While Nat while of work of work 21. I certify that I attended the deceased from. that I last saw the deceased and that death occurred at P.M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION 22b, DATE THEREOF 224. NAME OF CENETERY OF CREMATOR 22d. LOCATION (City, town, or county) (State) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR

CHRISTICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Prince George	MARYLAND	2. USUAL RESIDENCE (Was STATE Maryland		. If institution b. COUNTY	Residence before Prince	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		mits, write RU	RAL ond give nea	rest town)
d. NAME OF HOSPITAL (If not in hospital, give street or Institution Prince George General		d. STREET ADDRESS 5407 54th				o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) James C	Middle Shoaf	Lost	4. DATE OF DEATH	Month Sept		y Yeor 19 56
5. SEX 6. COLOR OR RACE 7. MARR White WIDOWE	THE CONTRACTOR OF THE CONTRACT	9-3-72	9. AG	E (In years		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS					S. A.
13. FATHER'S NAME James R Shoaf		14. MOTHER'S MAIDEN Harriet	NAME Newcomer			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [16 yes, give wor or dates of service]	SOCIAL SECURITY NO. 17. IP	Hospital r	ecords C	Addre Chever	Ly, Md.	
18. CAUSE OF DEATH [Enter only one couse per lip PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), stoling the under- lying cause lost. [c]	/\ 7.	ascular Carlio Vas			ONS 4	ERVAL BETWEEN ET AND DEATH O 1922
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CON	IDITION GIVE	N IN PART 1(o) 1	9. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRED). (Enter nature of injury in	Port I or Port II of	item 1B.)		
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. jr. White at work	_ Not while _ fac	ACE OF INJURY (Home, far tory, street, office bldg., e	m, 20f. (City or too	wn)	(County)	(Stote)
21. I certify that I attended the decease alive on 17, 19.5 ACTUAL SIGNATURE W. PHYSICIAN'S NAME (Type)		occurred at 8:45	PM, from the ADDRESS (Street, c)	causes an	d on the dat	the deceased the stated above. DATE SIGNED 9/18/556
22a. BURIAL, CREMATION, 22b. DATE THEREOF 8/20/56	22c. NAME OF CEMETERY OF Oak Hill Cen		22d. LOCATION (county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons Hyat	ADDRESS tsville, Md.		TO BY REGISTRAR	24b. REGIST	RAR'S SIGNATUR	

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23. FUNERAL DIRECTOR'S SIGNATURE

W.W.Chambers Company.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 69611 9641 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY M b. COUNTY Pronce Prince Georges MARYLAND Marvland Georges b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) Seabrook Seabrook vears d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Box # 83 RFD RFD 83 YES NO K NAME OF First Middle 4. DATE Month Day Year DECEASED (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED T DATE OF BIRTH lost birthday) Months Male White Days Hours Aug. 28th. 1865 WIDOWEDY DIVORCED T 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Self-employed USA Blacksmith--Ketired Sweden 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Elizabeth A. Howerton, Box #83 Seabrook. 72 None No None within 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ony Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED WAS AUTOPSY PERFORMED? YES NOW 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Linter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour a. ft. While Not while p. m. ot wark of work 21. I certify that I ottended the deceased from. 10, 1906, that I last saw the deceased and that deoth occurred ot_____ M, from the couses and on the date stoted above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S · James FUNERAL NAME (Type) 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Washington Nat'l Cem . Suitland, Pr. Geo. Co., Md. Buria. 956 0

Riverdale, Md.

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Reg. Dist. No.

e. IS RESIDENCE ON A FARM?

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12. CITIZEN OF WHAT COUNTRY?

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	WAS DECEASED EVER IN U. \$. ARMED FORCES? t. no. or unknown) (If yes, give war ar dates of service)	16. SOCIAL SECURITY NO.	Hospital reco	rds Cheverly,	Maryland.
CERTIFICATION	18. CAUSE OF DEATH [Enter only one cause por PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate cause (o), stoling the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITION	menta	anding for the buse in the BUT NOT RELATED TO THE TERM	CIV. septas	INTERVAL RETWEEN ONSET AND DEATH A PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
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	Burial, Cremation, 22b. Date Thereof 9/25/ 195	6 Ft Linco	ery or crematory In Cemetery	22d. LOCATION (City, town, or co Colmar Manor,	
23.	funeral director's signature F. Gasch's Sons Hyatt	ADDRESS sville, Mary		APP AC IEC ARA	R'S SIGNATURE
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1. [PLACE OF DEATH	rince Geor	70	MARYL	AND	2. USUAL RESIDENCE O. STATE	E (Wh	ere deceased	lived. If instituti b. COUNTY		e before		
	b. CITY OR TOWN (I	f outside corporate limi		c. LENGTH OF STAY II	N 16	c. CITY OR TOWN	_	utside corpor	ote limits, write f				
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	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, ç	jive street	address)		d. STREET ADDRE	SS				e.	ON A FAI	RM?
3.	NAME OF DECEASED	Fir	st	Middle		Last		4. DATE OF	Mor	nth	Day	Yeor	r
	(Type or print)	Mary		Agnes		Smith		DEATH	9		8		56
5. 5	SEX	6. COLOR OR RACE		RIED NEVER MARRIED		8. DATE OF BIRTH			AGE (In years last birthday)	Months		Hours 1	Min.
	F.	Negro	WIDOW			Aug 8, 18			68 yrs.				
10o	during most of worl Housew	ON (Give kind of work king life, even if retired LIE	done 10b.	Home	INDU	Mary			iuntry)	12. CIT	USA	WHAT CO	UNTRY
13.	FATHER'S NAME					14. MOTHER'S MAIL	DEN N	IAME					
_	Frank Smi	th				Maria	n I)ent				-31	
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. 1	NFORMANT				ress		37.7	
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		TH WAS CAUSED BY: IMMEDIATE CAUSE (c)	ne for (0), (b), and (c).]	R Par	Dufartin					ONSE	T AND DE	ATH
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CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO HETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO												
CERTIF	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter noture of inju	ry in f	Port I or Port	II of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour D. m. p. m.	Y Month, Day, Ye	or 20d. I While of wor	Not while		ACE OF INJURY (Home ctory, street, office bldg			or town)	(0	ounty)		(Stote)
	21. I certify the alive on	at I attended the	decease , 19			, 19 5 5, to occurred at 3	50.E					stated	
	PHYSICIAN'S NAME (Type)	Richa	24	H. Doh	10	~		Bri	Len	me			
220	BURIAL, CREMATIC REMOVAL (Specify) Burial)F	22c. NAME OF CEME				22d. LOCAT	nton.	or county)		(Stote)	
_	FUNERAL DIRECTOR	s signature uneral Hom	e Wa	ADDRESS aldorf, Md.		24o.	7 [P 1 4		STRAR'S 910	Hea	trick	1
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CERTIFICATE OF DEATH

Rea. Dist. No.

-	3 9	keg. Dist. 140.
1.	PLACE OF DEATH O. COUNTY O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE M. G. J. J. C. COUNTY D.
	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town)
	RURAN and give nearest town)	
H	d. NAME OF HOSPITAL (If no in hospital, give street oddress)	d. STREET ADDRESS
	OFFICE George Jen, Hosp	6708 Forest Hell Aure YES NO
3.	NAME OF DECEASED (Type or print) Waller newlow	Smith 4. DATE Month Day Year OF DEATH SOLL 19 SC.
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HKS. Non this Doys Hours Min.
10.	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU Busing most of working life, even it betired)	
13.	FATHER SNAME Deorge w. smith	14. MOTHER'S MAIDEN NAME
15. Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Records Cheverly Ind
CATION	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	Troper: tone of Hemorrage ONSET AND DIATH doning for the Anguery 12 hrs, sis of Anta Not relyded to the terminal disease condition given in Part 1(a) 19. Was autopsy Performed?
CERTIFIC,		D. (Enter noture of injury in Port I or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. f1. p. m. 19 of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
	1/1. 1.	occurred at 10 = 1/1M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED M.D. 30-C RINGE Ray Greenwell, may 9-14-56
	PHYSICIAN'S NAME (Type)	
22	REMOVAL (Specify) 21 DATE THEREOF 220 NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, of county) In (State)
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS LES SONS Hyattarlle	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE SEP 17 '56

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

CERTIFICATE OF DEATH

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3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NÉVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED 100. USUAL OCCUPATION (Give kind of work done) done down most of working life, even if refired) LOSTITUTION 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WH. LOSTITUTION 14. MOTHER'S MAIDEN NAME	231
d. NAME OF HOSPITAL RIF not in hospital, give street address} d. STREET ADDRESS d. DATE OF DEATH OF DEATH OF DEATH S. SEX d. DATE OF DEATH OF DEATH P. AGE (In yeors lot lot lot lot lot lot) OF DEATH OF DEATH 10a. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 11. STATHER'S NAME 12. CITIZEN OF WH. 13. FATHER'S NAME	pission)
d. NAME OF HOSPITAL RIF not in hospital, give street address} OR INSTITUTION 3. NAME OF DECEASED (Type or print) 5. SEX 6. EOLOR OR RACE 7. MARRIED NÉVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED 100. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) A DATE OF BIRTH P. AGE (In years lost birthday) with lost birthday) yrs. 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WH. A MOTHER'S NAME	own)
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DECEASED (Type or print) SYR MARRIED NÉVER MARRIED B. DATE OF BIRTH STEP Months Days Hour during most of working life, even if retired) STEP	RESIDENCE N A FARM?
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15 MOTHER'S MAIDER TANKE	
JOHN SPILLANE ELIZABETH CRONIN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. of unknown) (It yes, give wor or delegate service) (58-28-0466 Mps. Halbert A TURNBULL -6907 R. I. Ag	E F
1B. CAUSE OF DEATH [Enter only one couse per line for (g), (b), ond (c).] PART I. DEATH WAS CAUSED BY. ONS ET AL.	BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONS TI AN	VD DEATH
Conditions, if any, which (b) Surgery for Carcinoma of 6	las
couse (o), stoling the under- lying couse lost. DUE TO (c) Shipmond Colon.	
∑ YES [S AUTOPSY FORMED?
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. ş1. P. m. 19 of work of twork of twork of twork of twork of twork of two of	(Stote)
21. I certify that I attended the deceased fram. 9 4, 19, 6, ta 9, 13, 19, 6, that I last saw th	
alive an, and that death occurred at, from the causes and an the date sto	nted above.
SIGNATURE If Struct M.D. 2409 Varum St 9	113/5
PHYSICIAN'S F.E. MUSSER Londoner Hills 11	U-
220. BURIAL CREMATION, PENOVAL (Specify) 9/14/932 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 5.5	lote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CADDRESS CADDRESS CADDRESS CADDRESS CONTRACTOR OF THE TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER	-6

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9564 CERTIFICATE OF DEATH Reg. Dist. No. 245
	1. PLACE OF DEATH a. COUNTY Prince Georges MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Unknown
15	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville c. LENGTH OF STAY IN 1b The RURAL and give nearest town and give nearest town and give nearest town. Philadelphia
90	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Hyattsville Conv. Home. d. STREET ADDRESS on A FARM? YES \(\) NO (\) ON OF THE NOTION OF
	3. NAME OF DECEASED (Type or print) SARAH ELEANOR STARR DEATH September 16, 1956
	5. SEX 6. COLOR OR RACE 7. MARKIED NEVER MARRIED 7. NOTE: NEVER MARR
1	On. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Watsontown, Penn. 12. CITIZEN OF WHAT COUNTRY U.S.A.
1	Jacob P. Starr Agnes J. Sloan
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No None None William P. Starr, 6208 43d St. Hyatts., Md
	18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), stoting the under-
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) UNDERLYING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. st. Pp. m. 19 Of work at work 19 of work 19 October 19
/	21. I certify that I attended the deceased fram 5-18-55, 19, ta 9-16-3, 18, that I last saw the deceased alive on 9-15-56, 19, and that death occurred at 3-24 M, fram the causes and an the date stated abave ADDRESS (Street, city or town, state) ACTUAL SIGNATURE M.D. 9-16-56
	PHYSICIAN'S JOHN P. CLUM, M.D. 6110 43d Ave., Hyattsville, Md.9/16/5
2	20. BURIAL TENNATION, 22b. DATE THEREOF 2c. NAME OF CEMETERY OF TREMATORY 22d. LOCATION (City, town, or county) (Stote) Burial Sep. 18, 1956 Watsontown, Cemetery Watsontown, Pennsylvania. 3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REC'D BY REGISTRAR'S SIGNATURE
3	W. W. CHAMBERS CO. Riverdale, Marylandare Jas. Serere

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU V. S.

OCT 2 1956

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DIVORCED DIVOR	2. USUAL RESIDENCE (Where deceased lived. If institution on STATE of the COUNTY of COU
RURAL and give neorest tawp? J. NAME OF HOSPITAL (If por in hospital, give street orderess) OR INSTITUTION J. NAME OF HOSPITAL (If por in hospital, give street orderess) OR INSTITUTION J. NAME OF HOSPITAL (If por in hospital, give street orderess) AMME OF HOSPITAL (If por	John John John John John John John John
AME OF SECEASED Type or print) EX 6. COLOR OR RACE WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED WIDOWED DIVORCED DIVORCED JUST ALL OCCUPATION (Give kind of work done during most of working life, even if retired) FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 18. OF UNKnown) Ilf yes, give wor or dates of service)	John John John John John John John John
Type or print) EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED USOAL OCCUPATION (Give kind of work done during most of working life, even if retired) DIVORCED NEVER MARRIED NEVER MA	B. DATE/OF BIRTH 9. AGE In years led territory 11. BIRTHPLACE (State or foreign country) 14. MOTHER'S MAIDEN NAME
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FATHER'S NAME WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IP	14. MOTHER'S MAIDEN NAME
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. In no. or unknown) If yes, give wor or dates of service)	
no, or unknown) If yes, give wor or dates of service)	NFORMANT Addre
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c), 1.	
Conditions, if any, which gave rise to immediate cause (a), stoting the under-lying cause last. CAUSE (a) DUE TO DUE TO (c)	ie heart disease.
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm, 20f. (City or tawn) tory, street, office bldg., etc.)
21. I certify that Lattended the deceased from Sept. 22 alive on Sept. 29, 1256, and that death	occurred a
ACTUAL William Brunn	M.D. 6144 Central Am
PHYSICIAN'S WILLIAM BRAININ	Capital Hyle.
removal/specify lo. (J-J6 c. Jul-16	CREMATORY 22d. LOCATION (City, lawn, or
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGIS
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), stoting the under: lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Not while at work of work for a work of work 21. I certify that lattended the deceased from Sept. 2 21. I certify that lattended the deceased from Sept. 2 BURIAL CREMATION, 22b. DATE THEREOF REMOVAL/Specify) BURIAL CREMATION, 22b. DATE THEREOF REMOVAL/Specify) LO. (JJ. C. MANTE OF CEMETERY O

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Rist. No. 2844 and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Year 19 IF UNDER 1 YEAR IF UNDER 24 HRS. Days Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P (County) (State) that I last saw the deceased nd an the date stated above. county) (Stote)

CHURCATE OF DEATH

SUKERO W

DEC 14 1826

DECENTED

ti zature.

BILL PROFT SUCCESSURE ENGINEEN RE

2Eb 13 1826

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

9565 CERTIFICATE OF DEATH

09620

Reg. Dist. No.....

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	Their 10
COUNTY Prince X 41 M2 MARYLAND	STATE COUNTY	Rose
CITY (If outside corporate limits, write RURAL and length of STAY give pagest town town town the large)	CITY (If outside corporate limits, write RURAL and giv OR TOWN	e nearest town
HOSPITAL OR	STREET (If rural, give location)	1
INSTITUTION OR STREET ADDRESS 5508 Comerson St.	ADDRESS 5508 Emesson	4.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) UTUC ALH	DEATH CLEST.	2/ 1956
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 7-23-/873 9. AGE last hirthday If under Months yrs.	1 year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Givo kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry		COUNTRY?
- Housewill foul Anna	Stowned to., Ina	4.5.4.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no, or unknown) (If yes, give war or dates of	officer thouse 5506 8	es col
Is. MEDICAL CE	PILICATION STORMS SON	and of
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Agalisala	INTERVAL BETWEEN ONSET AND DEATH
420, Immediate cause (a) Arute Cor	onary Occlusion	1 day
	tensclerate Heart Besser	? YEars.
giving rise to the above cause stating the underlying cause last		
(e)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. INJURY At work	HOW DID INJURY OCCUR?	
	F15. 400 51	
22. I hereby certify that I attended the deceased from Bullius	,,	
alive on 19/6, and that death occurred at (Degree or title)	2:20 f.m., from the causes and on the date st.	ated above. DATE, SIGNED
Loved & Clayman, M. W. 631,	1 Balto aux. Reverdale hed	9/27/50
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CHESTORY LOCATION (City, town, or count	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNDBAL DIRECTOR Charles	ADDRESS
- Julian Sand		7.



DECEIVED 1956

VS A15 (4) 15M 9/55

ARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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9807 CERTIFICATE OF DEATH

M

09621

	30	7.1						Reg. Dis	st. No.	
1. PLACE OF DEATH					2. USUAL RESIDENCE (Whe	ere decease		on: Residen	ce before admi	ssion)
_	rince Geor	ge	MAR	YLAND	Marylar	nd	b. COUNTY	ince	George	
b. CITY OR TOWN	(If outside corporate limit		c. LENGTH OF STAT	IN 16	c. CITY OR TOWN (If ou					
RURAL ond give r	-		ll Da	375	Capitol	He	ights			36
	ITAL (If not in hospital, gi	ive street c		y 5	d. STREET ADDRESS	110.	TEHUS		e. IS RE	SIDENCE
	George Gene	ral H	Hospital		320 48	3th	Avenue			A FARM?
3. NAME OF	Firs		Middle	e	Last	4. DATE	Mon	th	Day	Year
(Type or print)	John	W	•		Thompson	OF DEATH	Sent	. 27		156
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARR	IED 🗍	B. DATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR IF UND	
Male	White	WIDOWE	, ,		Mar 31 1879		lost birthdoy) 77 yrs.	Months	Days Hours	Min.
10a. USUAL OCCUPATI	ION (Give kind of work d	lone 10b. I	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (Stole of	or foreign o	country)	12. CIT	IZEN OF WHA	T COUNTRY
_	rking life, even if retired) Retired		pitol Po	wer	Plant Mar	vlar	d	1	.s.A.	
13. FATHER'S NAME	10 021 04				14. MOTHER'S MAIDEN N					
Frankl	in Thompso	าท			Delian	11177	pett			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16. S	SOCIAL SECURITY NO	D. 17. H	NFORMANT	1 1 1	Addr	ess		
(Yes, no, or unknown)	(If yes, give wor or dates of se	ervice)		Δο	mes Ontrich	320	Axin A	ve ta	an Het	C IVIC
18. CAUSE OF DE	ATH [Enter only one can	use per lin	e for (o), (b), and (c)		THES CHIEF TO		C C	• • •	INTERVALE	FTWEEN
	ATH WAS CAUSED BY:	Ci	se boo Va	ocus	a Lesalité	roves	Ches	ASLESA	ONSET AN	
11221	IMMEDIATE CAUSE (6)		. ~		a verteur		Count	70000	-	
Conditions, if		a.	Louise De	1-	in and Smile	es 10°.	. 6 . 0.	201 0 0		
gave rise to	immediate (CCI	74-00-30-1	7	C Company	وب رويد		THE PLANT		
lying couse lost.									9	
	, (c)		ONTRIBUTING TO DE	ATH BLIT	NOT RELATED TO THE TERMIN	IAI DISEAS	E CONDITION ON	ENI INI DADI	1/-1 10 MAG	ALITOPSY
OF TANK	TIER DIOTHINGART COTT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OTTER DO DE	201	NOT REDAILED TO THE TERMIN	ANT DISENS	ic condition div	EIN IIN FAK	PERF	ORMED?
E 200 ACCIDENT W	AS UNDERLYING	20h DESC	DIRE HOW IN HIR O	CCLIDE	D. (Enter noture of injury in Po		4 11 of the 18 t		AE2 [] NO []
OR CONTRIBUTING	G CAUSE OF DEATH	200. DE3C	KIDE HOW INJURY	JCCURRE	D. (Emer noture of injury in Po	off f of For	i ii or iiem ib.j			
20c. TIME OF INJU	RY Month, Day, Yea		JURY OCCURRED	20e. PL	ACE OF INJURY (Home, form, story, street, office bldg., etc.)	20f. (Cit	y or town)	(0	County)	(Stote)
Y 20c. TIME OF INJU Haur a. jr. p. m.	19	While of work	Not while of work	100	ciory, sireer, office blug., etc.,					
21. I certify t	hat I attended the	decease	ed from	9-	10, 195/ 10	G.	21, 1956	that I	ast saw the	decease
alive an	9-21	19 5	1	t death	accurred at 7 OOA	,				
	Λ	~ · · · · ·	and ma	deam			treet, city or town,			ATE SIGNE
ACTUAL SIGNATURE	41 -4		1		1-21115	74 D	>	0.	R.	9/21
SIGNATURE	1	V			M.D		Same	2302-2	1730	
PHYSICIAN'S NAME (Type)	John T. Is	mh			5241 St.	Bar	nabas R	oad S	5.E.	
22a. BURIAL, CREMATIC	ON 226. DATE THEREO		22c. NAME OF CEM	AETERY O	R CREMATORY		TION (City, town, o		(Ste	ote)
REMOVAL (Specify Burial	19-24-	56	Epls	bh	any	30	restr	-il	le h	nd
23. FUNERAL DIRECTOR	R'S SIGNATURE	1	ADDRESS	131-	- / / 24a. REC'D	BY REGIS	TRAR 246. REGIS	TRAR'S STO	SNATURE	-
Molent	tom p.	Jun	aly w) as	DATE S	04 5	6 Rush	educe	K	

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BUREAU V.

SEP 24 1956

PARAMETER STATE OF THE PARAMETER STATE OF THE

1		1		MENT OF HEALTH—BALTIMORE, 18	09622
9 % °		L	9608 MEDICAL EXAMINER	'S CERTIFICATE OF DEATH	Dist. No.
please exe 4 shauld by cremation		1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Resi	idence before admission)
	M)		Prince Georges MARYLAN	o. STATE Maryland b. COUNTY Pr.	Georges
Page 4 burial,	ho		D. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If outside corporate limits, write RURAL of	and give neorest town)
cess .	13		Cheverly D.O.A.	Hyattsville	15
s ne	124		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
dire i		_	Prince Georges General Hospita		YES NO NO
If any dela the funeral of for your fi the registrar			NAME OF First Middle	Last 4. DATE Month	Doy Year
f any de funeral for your e registra		-	(Type or print) Charles Raymond	Thoms DEATH Sept. 19	
the the		3.	MAKKED I	8. DATE OF BIRTH 9. AGE (In years lost birthday) Months	R TYEAR IF UNDER 24 HRS. Days Hours Min.
aine with		100	Wale WIDOWED DIVORCED	August 4.1956 yrs. 13	
2 ted	,	100	suring most of working life, even it refired)		ITIZEN OF WHAT COUNTRY?
afte 2, a y be and		13	None FATHER'S NAME	Maryland	U.S.A.
nay es 1		1.0		14. MOTHER'S MAIDEN NAME	
24 haur Pages 1 age 5 m		15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	Virginia Mary Balcar	
N 0 0 0	1 10	[Ye	, no, or unknown) (If yes, give war or dates of service)		
d within 8. Give PM3. P. Mit. Fill	1)	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).	Father: Same address	INTERVAL BETWEEN
na P.			PART I. DEATH WAS CAUSED BY:	l hemorrhage	ONSET AND DEATH
farm sit per		13	MMEDIATE CAUSE (o) INTEREFRINE.	r Hemolifina e	
in I	4			of left sigmoid sinus	
ong original			gove rise to immediate couse (a), stoting the underlying DUE TO	and the state of t	
hav alo			(-), storing the enderlying	of occipito-parietal suture	
fice as a		Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU		RT 1(a) 19. WAS AUTOPSY
ding Sed Of	2	N			YES NO
pen pen per		CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY ELOY CONTRIBUTING CAUSE OF DEATH.	(Enter nature of injury in Part I or Part II of Item 18.) Or from Sofa in Living room	
rard Framile Examinated Examinated			CAUSE OF DEATH.	or from sois in living room	of his home
war war Fx shau		MEDICAL	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. P.	stone elegat pities bids stol	ounty) (State)
MINE g the edical	16	MEC	12 p. m. 9-19- 19 5 ot work of ot work	home Hyattsville,	Pr. Geo.Md.
A E Z O			21. I certify that I took charge of the remains described at	ove, held an Autopsy 🗶, Inspection 🔼, Inqu	iry on and find that
			death resulted from: Natural causes, Accidented, S	uicide 🔲, Homicide 🔲, Undetermined cause 🗍].
ote, v			0 1 - 2 M		
THE THE	2		SIGNATURE John . Palalanus	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
TY Co SA Not			EXAMINER'S	ASSISTANT MEDICAL EXAMINER	30 305
cute the farwards FUNERA			NAME (Type) John T. Maloney, M.D.		19, 1955
o DEPUTY MEDICAL cute the certificate, v farwarded the Chi O FUNERAL LIRECTO or remayal.		220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CONTROL (Specify) 9/21/56 Fort Lincol		
		22	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	n Cemetery Colmar Manor, M	
VS. A15ME(5)				240. REC'D BY REGISTRAR 24b. REGISTRAR'S S	GNATURE
5M 9/55	68	1	Gasch's Sons Hyattsville, Md.	DATESEP 24 '56 Ulledu	2年
	130	CH	01/23/XV6		

BUREAU V. E.

SEP ,24 1956

119623

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No.

1. PLACE OF DEATH					2. USUAL RESIDENCE	1000	h COUNT		nce befo	ere admi:	usion)
	Prince Ge				Ma	ryland		Pr.	Geo) .	
and give nearest to	(Il outside corporate limits, writen) erdale	• RURAL	c. LENGTH OF STAY IN		c. CITY OR TOWN	(If outside col		RURAL and	give ne	arest tov	rn)
	PITAL OR INSTITUTION (If not in hos		60	d. STREET ADDRESS	ge rar.	K	-		e. IS RE	SIDENCE
	morial Hosp				8915 65th	Avenu	e			ON	NO S
3. NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Mon	th	Doy	Ye	ear
(Type or print)	La Rue	9	Priscilla		Tome	OF DEATH	Sept	t.	24	15	9 56
5. SEX	6. COLOR OR RACE	7. MARRIE	ED MENEVER MARRIED	8. C			9. AGE (In years	IFUNDER		IF UNDE	R 24 HRS
Female	White	WIDOWE	D DIVORCED		Sept. 22,	1914	lost birthdoy) 42 yrs.		Days	Hours	Min.
10a. USUAL OCCUPA	TION (Give kind of work	done 10b. I	(IND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stat	te or foreign	country)	12. CITI	ZEN OF	WHAT	COUNTRY
Time ke	king life, even if retired)		Airoplane		Pennsyl	vania			U.S	.A.	
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME			******		
Frank W	ilmer Kache	lues			Sus	sanah	Smith				
15. WAS DECEASED I	EVER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. INS	DRMANT		Address				
(Yes, no, or unknown)	(If yes, give war or dates of	service)	No Contract	Ta	contra O Do		LOO Bonne	tam Da		647.	
I DE CALIER OF DE	ATH [Enter only one cou	to per line	for (a) (b) and (c)]		seph T. Pr	att; 4	doà penu	ron ko			
	ATH WAS CAUSED BY:	por mile			ings, Md.					AND DEA	TH
911	IMMEDIATE CAUSE (a)		Hubarachno	la n	emorrnage;	nemor	rnage and	snoc.	K		
OIIX	DUE TO										
Conditions, if gove rise to imm			Massive la	cera	tions of 1	iver a	nd spleer	3	-		
(a), stating the											
cause last.) (c)		Automobile								
PART II. O	THER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TERM	MINAL DISEA	SE CONDITION GI	VEN IN PART	1(a) 19		RMED?
3									Y	ES M	NO 🗌
PART II. O	AUSE WAS 20	b. DESCRIBI	HOW INJURY OCCURRE	ED. (Ente	r nature of injury in Pa	art I or Part I	l of item 18.)	-70 N	3.0		
	1.	Col	lision between	een	automobile	and s	treet car	Co.			
3 20c. TIME OF INJ	The state of the s	ar 20d. I	NJURY OCCURRED 20e.	PLACE	OF INJURY (Home, for	rm, i 20f. (Cil	y or town)	(Cou	nty)		(State)
20c. TIME OF INJ	9-24-56 19	White at wa	Not while ork at wark	Str	, street, office bldg., et		verdale.	mr. G	eorg	200	Md.
-			remains described				nspection 👼		_	The real Property lies, the last of	
			, Accidents,		the state of the s		Indetermined			and i	THO THO
000000	4		A	00101	i i i i i i i i i i i i i i i i i i i	,e LJ,	inderer infined	-caose	•		
ACTUAL	N. 39	AN	mey		CHIEF MEDICAL I	EYAMINED [1			DATE S	GNED
SIGNATURE_	simo i	161	nag		A.D. CHIEF MEDICAL I						
EXAMINER'S NAME (Type)	John T. Mal	Loney.	M.D.		DEPUTY MEDICAL		_				
22a, BURIAL, CREMAT	ION, 226. DATE THEREC	F	22c. NAME OF CEMETER			22d. LOC/	ATION (City, town,	or county)		(State)
ENEMOYAL Speci	9/28/56	1	Fort Line	oln	Cemetery	Col	mar Mano	or, Md			
23. FUNERAL DIRECTO			ADDRESS		240. REC	D BY REGIS	TRAIL 246. RES	STRAR'S SIG	NATUR	1	
". Gasc	h's ons H	yatts	ville, Md.		DATE	office 1	1000	Jame	ode	oer	ep

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CERTIFICATE OF DEATH

Reg. Dist. No.

<u> </u>								Keg. Di	11. PIO.
1.	PLACE OF DEATH	- 6		C MARYL	- 11	O. STATE		b. COUNTY	
			SORI	J. C			LAND	TRI	DEE GEOLFE
	RURAL ond give no	f outside corporate limiterest town),	ls, write	c. LENGTH OF STAY I	NIP	c. CITY OR TOWN (IF	outside corporate li	mits, write RURAL and	give nearest town)
	DISTRI	et Hats		1 year		Dis	TRIET	Huts.	X
	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS		-	e. IS RESIDENCE
	7.600	ATWOOD	5+1	REFT		7600 A	TWOOD	ST	ON A FARM? YES NO NO
	NAME OF DECEASED (Type or print)	MH.		ELIZABETH	1 7	LOSI	4. DATE OF DEATH	Month EPTEMBER	Doy Yeor 18 19 56
5.	SEX FEMALE	6. COLOR OR RACE	7. MARR	DIVORCED		DATE OF BIRTH	9. AC los	E (In years IF UNDER birthdoy) Months	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
100	during most of work	ting life, even it retired	done 10b.	KIND OF BUSINESS OF	INDUST	11. BIRTHPLACE (Stote		D. C. 12. CIT	IZEN OF WHAT COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S MAIDEN			
	MAN	INIE	SM	ITH		KATE	BAI	1	
15.				SOCIAL SECURITY NO.	117. INF	ORMANT	27717	Address	
(Ye	s, no. or unknown)	(If yes, give war or dates of s	rvice)	NONE			22	11 12 21	CC Day
-	NO			7 10	177	CHIE JUL	HER-15	44-QS+	
			use per lin	ne for (o), (b), and (c).]			,		INTERVAL BETWEEN ONSET AND DEATH
	PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o		Coron	any.	thrombose.	0)		5-min
	420.0	DUE TO		-	8				
	Conditions, if a	ny, which) (b		Cinterio	or les	the hear	A die	2444.	la real
	gove rise to it	mmediote (
	lying couse lost.	(c							
Z	PART II. OTH			ONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PAR	T 1(o) 19. WAS AUTOPSY
CATION									PERFORMED? YES NO D
CERTIF	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED.	Enter nature of injury in	Port I or Part II of	item 1B.)	
MEDICAL	20c. TIME OF INJUR Hour a. fi. p. m.	Y Month, Day, Yeo	While of work	Not while		E OF INJURY (Home, farm y, street, office bldg., etc		vn) (C	County) (Stote)
	21. I certify th	at I attended the	decease	ed fram LDe	-/	. 19 48 to	Robot 18	19.5% that []	ast saw the deceased
	alive on	11.17	19	,	death o	coursed at 9/30 F			ne date stated abave.
	diive oii			and mark	Jeuin o	ccorred di	ADDRESS (Street, c		DATE SIGNED
	ACTUAL SIGNATURE	and.	73	Toute.		7710	D. el 0.	1 6 10 10 10 10 10 10 10 10 10 10 10 10 10	O 10 -
	SIGNATURE	John	1)0	Olyan	M.I	0	ruenos c	we 13.6	7-18-36
	PHYSICIAN'S NAME (Type)	JOHN B	FE	6-14 N		2210 NICHE	LS AVE.	S.E. WA	SH. D.c.
220	BURIAL, CREMATION REMOVAL (Specify)	9/21/J	6	ARLING	ingelined .	NATIONAL	22d. LOCATION (City, town, or county)	(Stote)
23.	FUNERAL DIRECTOR	SIGNATURE		ADDRESS		DA- DEC	D BY REGISTRAR	24b. REGISTRARIS SIG	NATURE A
	James-	1, Ryan, In	2.	17 Ba, One. SE	-, -D.	C. S S DATE	211956	(0001	
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SEP 21 1955

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VS A15 (4) 15M 9/55

	961	Item 0	CERTIFIC			1	imore, i	Reg. Dist. N	096	25
1. PLACE OF DEATH o. COUNTY Prince	George		MARYLAND	2. USUAL RE o. STATE	SIDENCE (WH	ere deceased	lived. If institution b. COUNTY	on: Residence be	fore admiss	sion)
	If outside corporate lim earest town)	its, write	c. LENGTH OF STAY IN 16		R TOWN (IF o		ote limits, write R	URAL ond give n	earest low	n)
	TAL (If not in hospital,				ADDRESS	N.W.	Dalla			SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)		rst	Middle		ost	4. DATE OF DEATH	Mon	th E	Day	Year 19 56
5. SEX Male	6. COLOR OR RACE	7. MARR	NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIR			9. AGE (In years last birthdoy) 63 yrs.	IF UNDER 1 YEA	R IF UND	ER 24 HRS. Min.
10a. USUAL OCCUPATION during most of wor None	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTH		or foreign co		12. CITIZEN		COUNTRY
Mike Wend			(85.5Va)		's MAIDEN N		r			
15. WAS DECEASED EVE (Yes, no. or unknown)	R ÎN U, S. ARMED FOI (If yes, give war or dates of	CES? 16.	SOCIAL SECURITY NO. 17.	Regins	C. E	ass	2806 Thever	aurel Ly. Mg	Ave.	
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate DUE TO		Zeide	smo	N	(1	u Z	o y h	ag,	.8wL
CAT	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		CONTRIBUTING TO DEATH BU					EN IN PART 1(a)	PERFO YES	AUTOPSY DRMED? NO
V 20c. TIME OF INJUR Hour o. jt. p. m.		While	NJURY OCCURRED 20e. If Not while k at work	PLACE OF INJURY octory, street, off	(Home, farm	, 20f. (City	or town)	(County	1)	(State)
alive on A	ent lattended the	decease 12	ed fram and that deal mill	Pen 38			the causes a eet, city or town,		ate state	
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIC REMOVAL (Specify) DUP181	01. 22b. DATE THERECO 9/11/5	/	22c. NAME OF CEMETERY Ft. Linco.		tery	22d. LOCATI	ON (City, town, o	rge Cou	inty,	
23. FUNERAL DIRECTOR The S.H.		290 Wasi	ADDRESS 01 14th St.	N.W.		EP 1 3		TRAR'S SIGNATION	URE	

MARYLAND STATE DEPARTMENT OF HEALTH...

BAITIMODE 18

B. V. HELDREY COST TOTAL SHOWING BUILDING THE COLORS 9961 ET d3S AND STATE OF BURN 38

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09626 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		30							Keg. Di	H. No.		
	PLACE OF DEATH		100			2. USUAL RESIDENCE	E (Where decea					
	a. COUNTY	ince George	98	MARY	LAND	o. STATE Mar	yland	b. COUNT	Y Howa	rd (Coun	ty
ŧ		autside corporate limits, write	RURAL	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN	(If outside cor	porate limits, write				
	and give nearest town			7 minutes	3	Ann	apolis	Junction		1	3 Y	-2
-	. NAME OF HOSPIT	AL OR INSTITUTION (f not in hos	pital, give street addres	is)	d. STREET ADDRES					e. IS RE	SIDENCE
	Prin	ce Georges	Gener	al Hospita	1							A FARM?
3.	NAME OF DECEASED	Fire	ıt	Middle		Lost	4. DATE OF	Mont		Doy	Y	ear
	(Type or print)	Fan		Samuel		White	DEATH	Sept.	2	8,	1	956
5. 5	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIE	8.	DATE OF BIRTH		9. AGE (In years lost birthday)	IFUNDER 1		-	ER 24 HRS.
1	Male	White	WIDOWED	DIVORCED		March 12.	1885	71 yrs.	Months [Days	Hours	Min.
10a	. USUAL OCCUPATION	ON (Give kind of work	one 10b. K	IND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (SI		country)	12. CITIZ	EN OF	WHAT	COUNTRY?
	Retired	g life, even if retired)	Be 8	& O. R.R.		Maryla	nd		U	.S.	A.	
_	FATHER'S NAME					14. MOTHER'S MAIDE	N NAME		1			
	Samuel (wen White				Control of the Control	D Ande	let.				
	WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT	2 12140	Address		-		
(Yes	. no. or unknown)	(If yes, give wor or dates of	service)			7.5 Tide and Title & A	276		Daniel own	mel		Domle
-	IN CAUSE OF DEAT	TH [Enter only one cau	an man line /	for (a) (b) and (a)]		lilton Whit	6 170	rors con i	TTAG,	_		
		TH VAS CAUSED BY:								ONSET	AND DEA	Md.
		IMMEDIATE CAUSE (a)		Acute Conge	8t11	re Heart Fa	ilure			-		
	1442	X DUE TO	7-30									
	Conditions, if a			Cardiovascu	uar	renal Dise	486.					
	gave rise to immed (a), stating the									100		
	cause lost.) (c)										
Ö	PART II, OTH	IER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19		AUTOPSY RMED?
CATI										Y	ES 🔲	NO X
CERTIFICATION	20a. EXTERNAL CAL PRIMARY ☐ or CON	JSE WAS 20	b. DESCRIBE	HOW INJURY OCCUP	RED. (E	nter noture of injury in	Part i or Part II	of item 18.)				
CER	CAUSE OF DEATH.	AIKIBUIII40 LI										
2	20c. TIME OF INJUI	RY Month, Day, Yea	r 20d. I	NJURY OCCURRED 2	Oe. PLAC	E OF INJURY (Home, f	arm, 20f. (Cit	y or town)	(Cou	nty)		(State)
MEDICAL	Hour a.m.	19	While at wor	Nat while	tacto	ry, street, affice bldg.,	elc.)					
	21 I certify th	at I took charge	of the r	emains described	1 abo	ve, held an Auto	nsv 🖂 I	nspection [V]	Inquir	1	and I	find that
				. Accident		—	-	ndetermined of		45.1	and i	ind mai
	A contract	/	caoses [2	d, Accident	, 3010	ide [], Hollici	nge [], o	nderermmed (.dose [_].			
	ACTUAL	1 7	9111	- 1-		CHIEF HEDICH	EVALUEDE				DATE S	IGNED
	SIGNATURE	rmy.	111/2	awney		_M.D. CHIEF MEDICAL						
	EXAMINER'S					ASSISTANT MED		_	-00	200	,	
		John T. Mal		M.D.		DEPUTY MEDIC			. 28,	195		
120	REMOVAL (Specify)	N, 225 PATE THEREO	F	MAME OF CEMET	ERY OR	CREMATORY	22d. LØCA	TION (City, town,	or county)	91.	(State	1)
7	Surial	(Ccl)	1434	Ilkadan	ure	day Pilm	n. No	usey	114	ar	yh	and
23.	FUNERAL DIRECTOR	SSIGNATURE	1	ADDRESS		J Face 240. RI	EC'D AY REGIS	'56 246 REGI	STRAR'S SIG	NATUR	7	
1	Well ill	Nanaly	ter.	Farrel	/	nd. DATE	. 0	Jo Ree	1	MA		
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1		1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
. 1/	7	L	9645 CERTIFICATE OF DEATH Reg. Dist. No. 242
	體)	1.	PLACE OF DEATH o. COUNTY o. STATE b. COUNTY b. COUNTY G. OXCOLOR D. OXCO
death.	X	0	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
he fu	60	-	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION e. IS RESIDENCE ON A FARM?
d in '			NAME OF DECEASED A First Middle Lost 4. DATE Month Day Year
xecuted within 24 is campletely filled papers. Pages 1 eath.			OF DEATH Sept 1 1956 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH FETTI A) & INDICATE WILDOWED BY DIVORCED BY BLOCK BIRTH DIVORCED BY DIVORCED
mplete	-	100	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
0 2 5 0	/	13	HOUSE WISE OWN HOTHE Washington D.C. U.S.A. FATHER'S NAME
offe of		L	John W. Kaldenbach Sarah Ann Thomas
n certificating physicie e remave 72 haurs	0	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No. or unknown) (If yes, give war or dates of service) Norman Wilburn - 7191 Central Ave D.C.
attending n please r within 72			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ATT
that the by the t. Their		B	420.0 DUE TO H T
quires igned permi			gove rise to immediate couse (a), stating the under DUE TO
ysician ysician been s transit al, and		CATION	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
ing ph te has burial		TIFICA	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
attend attifica as the an, ar		CAL CE	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)
ital or this co or use		MEDI	Hour a. sn. 19 While Not while of work of work foctory, street, office bldg., etc.)
NDING e hasp t: After ached f ourial, o			21. I certify that I attended the deceased from war 15, 1946, to 2011, 1956, that I last saw the deceased alive on 2011, 1956, and that death occurred at 10:10 MM, from the causes and on the date stated above.
be deto	/		ACTUAL CO. Suit Putchie M.D. 7005 Petchie Rd SE 9-11-56
retaire Al haure frar pri			PHYSICIAN'S W. Suit Ritchie M.D. Wash 27 D.C.
may be FUNER page 3 s the regist		220	BEMOVAL (SPECIAL) 120. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, 1974), or colony) (Stold) (Stold) (M. C. C. S. C.
5 5		23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS.
VS A15 (4) 15M 9/55	A30	L	g w See 15 sons w win v tomp 1.17 36 arrie lamplel

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(Russell) Seat Missourie	(mod) frace it too!
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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within 24 hours

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OFFICE MEDICAL EXAMINER: This certificate should be executed within 24 hadrs differ death. If any delay is necessary, please ex-	Shaul	7	TO FUNERAL BIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, bemailar	400
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VS. A15ME(5) SM 9/55

		961 4	LAND S	L EXAMINI	TME ER'S	NT OF HEAL CERTIFICA	TH—BA	LTIMORE, DEATH	18 Reg. Dist		9629
1. [PLACE OF DEATH	Prince Ge	orges	MARY	LAND	2. USUAL RESIDENCE o. STATE Me	(Where deced	used lived. If Institu b. COUNT	Y Pr. G	ce befor	re admission)
b	CITY OR TOWN I	If outside corporate limits, w	rite RURAL	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN	(If autside co	rporote limits, write	RURAL and g	give ned	arest fown)
3	8	Cheverly		D.O.A.			t Vill	age			X
-		leorges Gen		pital, give street address ospital	1)	d. STREET ADDRESS	Forest	Road			ON A FARM? YES NO
3.	NAME OF DECEASED Type or print)	Kathleen	inst	Middle	Win	Last	4. DATE OF DEATH	Septembe September		Day	Year 19 56
5. S	€X	6. COLOR OR RAC	7. MARRIE	D NEVER MARRIED	N X 8.	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1		F UNDER 24 HRS.
F	emale	White	WIDOWED	DIVORCED [Sept. 6, 1	.953	3 уп.	Months D	ays I	Hours Min.
10a	. USUAL OCCUPATI uring most of warki	ION (Give kind of wor ing life, even if retired	k done 10b. K	IND OF BUSINESS OR I	NDUST	11. BIRTHPLACE (SIG	nd ar fareign	country)		S.	WHAT COUNTRY
13.	FATHER'S NAME	homas J. W	indon			14. MOTHER'S MAIDEN		• Splaine		3	0
	WAS DECEASED EV	VER IN U. S. ARMED F		SOCIAL SECURITY NO.	17. IN	Father. S	ame Ad	Address		J	
	Conditions, if a gave rise to imme (o), stating the cause last.	underlying DUE To	o) D b) C)	Hemorrha Compound,	, co	and shock			ð		AND DEATH
CERTIFICATION			NDITIONS <u>CO</u>	INTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TE	MINAL DISEA	SE CONDITION GIV	'EN IN PART		WAS AUTOPSY PERFORMED?
- T	20g. EXTERNAL CA PRIMARY 22 or CO CAUSE OF DEATH	•	A	tow injury occur	:011	ision. Dece	ased w	as riding	A5 &	pass	senger.
MEDICAL	20c. TIME OF INJU		56 20d. 1. White at wo		facto	E OF INJURY (Home, for ry, street, office bidg., or reet	ofc.)		Pr. Ge		(Stote)
'	21. I certify t	hot I took charg		emains described , Accident A,	abov	e, held an Auto	psy [],	Inspection	Inquiry		
	ACTUAL SIGNATURE	ohno	ma	loney		_M.D. CHIEF MEDICAL				3	DATE SIGNED
	EXAMINER'S NAME (Type)	John T. M	aloney	, M.D.		DEPUTY MEDICA		-	tember	19	1956
3	REMOVAL (Specify	1/22/	OF 56	MA COL	RY OR	CREMATORY	20 Joc	ATION (City, town,	or county)	2136	Stolet
Aug -	alleup	R'S SIGNATURE	Home	address Mt.	Ra	inier 240. RE	C Sabuter	TRUS 24. 166	TIAR'S SIGN	VATURE	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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John I. Elan; J. ..



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Pan	Diet	No

CERTI	FICATE	OF I	DEATH
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		-	
Per	Diet	No	

												715T. NO.		
	1. PLAC	CE OF DEATH				ARVIAND	2. USUAL I	RESIDENCE (W	here decease	d lived. If institu		nce before	re admissi	ion)
	1 0		ince George			ARYLAND		Maryla			Prince			
20	B. CI	URAL and give n	If outside corporate limi earest town)	ts, write	c. LENGTH OF ST	AY IN 16	c. CITY	OR TOWN (IF	outside corpo	rate limits, write	RURAL ond	give ned	rest town)
0		Cheve			ll day	S	-	istrict	Heig	ht				1
17	0	R INSTITUTION	TAL (If not in hospital, g			11.5	d. STRE	ET ADDRESS					e. IS RESI	FARM?
		Prince	George Gen	eral	Hospital			731-2 F	lalleck	Street			YES	№ □
\		EASED	Fir		Mid			Last	4. DATE OF	M	onth	Da	у 1	reor .
		e or print)	Alexande	1	Porte			dsor	DEATH	Sept		3		19 56
	5. SEX	K-3-			RIEDE NEVER MAI		8. DATE OF I			AGE (In year last birthdoy)	Months	R I YEAR	Hours	R 24 HRS Min.
		ale	White	WIDOW		CED 🔲		1886		69 yr	s.			
	and Cittle	ring most of wor	ON (Give kind of work of king life, even if retired)							ountry)	12. C		F WHAT	COUNTR
		pent ws	ne		Construc	clon		arylan				USA		
	13. FATI	HER'S NAME					14. MOTH	ER'S MAIDEN	NAME					
		Unkno						nknown	1					
1	(Yes, no.	or unknown)	R IN U. S. ARMED FOR	ervice)	SOCIAL SECURITY		NFORMANT	1.7.4 2			Idress			
1	7/	0	None		Jnknown	UE	arrie	Winds		312 Ha			CAT HE	
			DUE TO		1 ,	/			V					
	go	onditions, if a ove rise to i ouse (o), stoting ing couse lost.	mmediate the under-)	Agper	ten	Sr'r	~	V					
5	CATION	ove rise to increase (o), stating ing couse tost. PART II. OTI	ny, which mmediate the under- (c))	Agper CONTRIBUTING TO	Few DEATH BUT	NOT RELATER	D TO THE TERM	MINAL DISEAS	E CONDITION G	IVEN IN PA	RT 1(o) 1	9. WAS A PERFOI YES	RMED?
5	CATION	ove rise to increase (o), stating ing couse tost. PART II. OTI	mmediate the under-)	CONTRIBUTING TO						IVEN IN PA	RT 1(o)	PERFO	RMED?
	L CERTIFICATION	ove rise to increase (o), stating ing couse tost. PART II. OTI	mmediate the under DUE TO (c) HER SIGNIFICANT CON AS UNDERLYING C CAUSE OF DEATH MEDICAL EXAMINER)	DITIONS	CRIBE HOW INJURY	OCCURRED	O. (Enter notu		Port I or Port	t II of item 18.)		(County)	PERFO	RMED?
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3	WEDICAL CERTIFICATION Social States of the	PART II. OTH ACCIDENT W. CONTRIBUTING EITHER, NOTIFY TIME OF INJUR Hour a. 11. p. m. I certify the ive an TUAL NATURE YSKCIAN'S ME (Type)	AS UNDERLYING DEATH MEDICAL EXAMINER) The distribution of the under o	20b. DES 20b. DES While of word decease 12	INJURY OCCURRED The of work of the	20e. PLA foc	O. (Enter notucle) (Enter notu	RY IHome, far, ffice bldg., et a_ at 2.00	Port 1 or Port	or town) 1 H of item 18.) or town) 1 H of item 18.) or town) the causes reet, city or town	that I and an	(County)	PERFO YES	(Stote)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 15 Item 12 FilmG205 10-11-56 et CERTIFICATE OF DEATH

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0010	Reg. Dist. No.
o. COUNTYPrince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE! aryland Prince County aryland Prince County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) heverly 7 years	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Cheverly Md.
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 5902 Euclid St	d. STREET ADDRESS 5902 Euclid St e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF First Middle	kowska A. DATE OF Sept 20, 1956.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Nov 11 1872 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Main.)
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Housewife Own Home	
13. FATHER'S NAME Jan Wyczalkowska	14. MOTHER'S MAIDEN NAME Scholastyka Bacciarelli
(Yes, no. or unknown) (If yes, give war or dates of service)	NFORMANT Address 1. R. Wyczalkowska Cheverly, Md.
Conditions, if any, which gove rise to immediate couse (o), stoting the under-lying cause lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. ft. While Nat while of work of work	ACE OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) (State) ctary, street, office bldg., etc.)
21. I certify that I oftended the deceosed from March olive on 20, 1956, and that death ACTUAL SIGNATURE PHYSICIAN'S CHAS. J. ALBRICHT, M.	occurred at 30 PM, from the causes and on the dote stated above. ADDRESS (Street, city or town, stote) DATE SIGNED M. M
	Cemetery Washington D. C. (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Gasch's Sons Hyattsville, Md.	DATE OCH 9 4 '55 PREGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

